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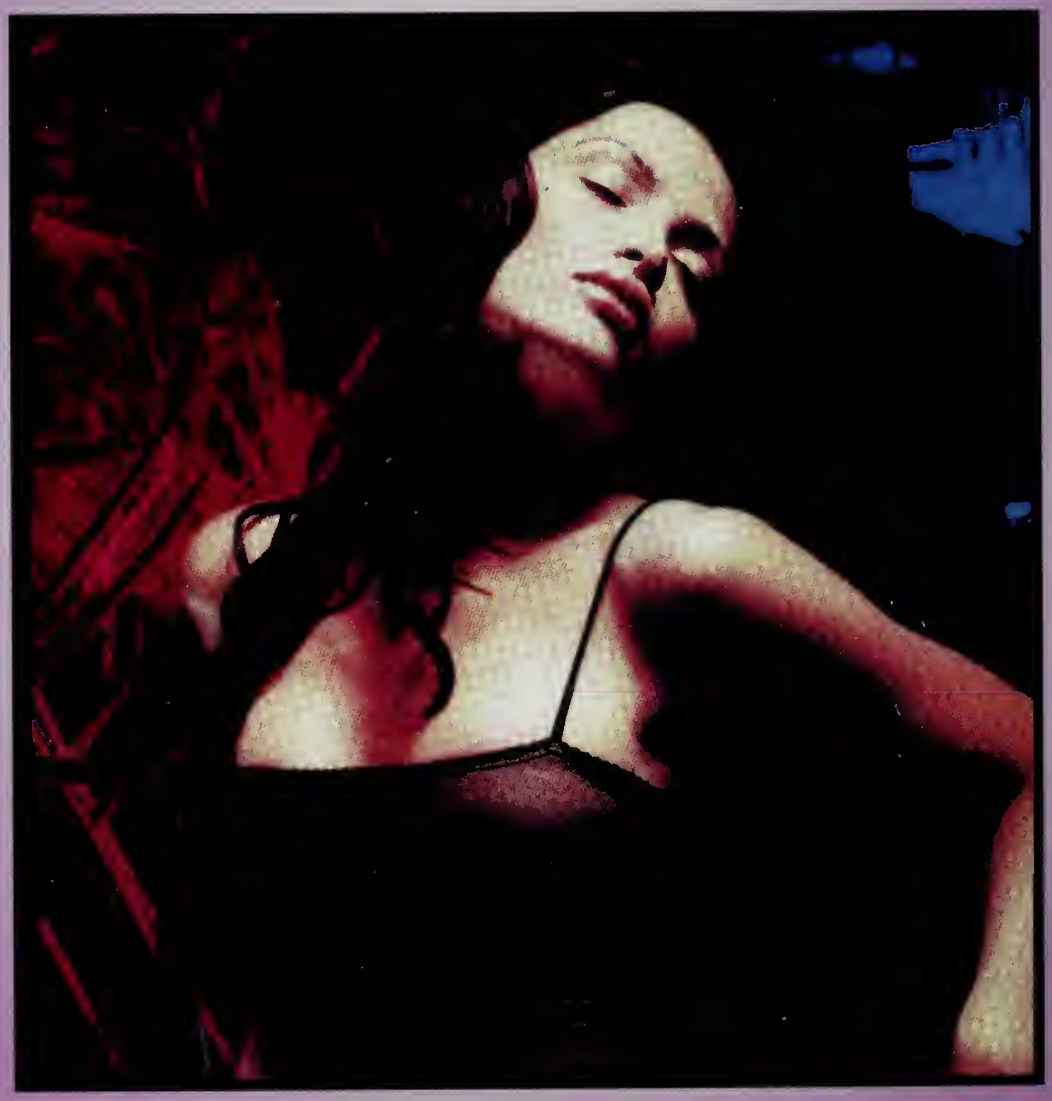

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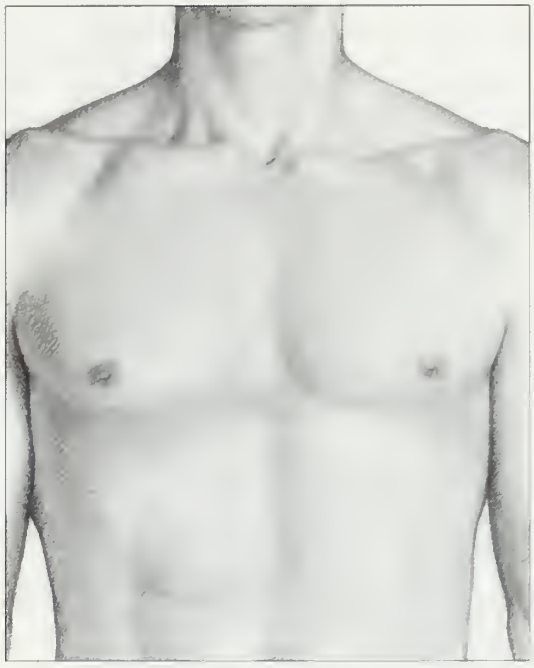

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ISSUE #108 Summer 2005

The Journal of the International Foundation for Gender Education

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SUBSCRIPTIONS & SUBSCRIBER SERVICES

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Transgender Tapestry

is published by the I.F.G.E.
P.O. Box 540229, Waltham, MA 02454-0229
phone: 781.899.2212 fax: 781.899.5703
e-mail: office@ifge.org

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Guidelines For Contributors

Transgender Tapestry is a magazine for and about crossdressers, transgendered, transsexual, intersexed, and other gender-variant persons, and those who support them.

Our Readers

Write for a general audience. Our readers include closeted and out people: crossdressers, transsexuals, transgenderists, intersexed persons, gay men, lesbians, bisexuals, heterosexuals, therapists, physicians, ministers, spouses and significant others, family members, and friends. Our readers span all ages, races, nationalities, religions, spiritualities, beliefs and opinions, and educational backgrounds. Your piece may be targeted for one group, but it should speak to the larger readership.

We want writing that challenges categories, presumptions, and accepted thought.

How To Submit

The best way to send materials is via e-mail. We get it immediately and we don't have to retype it.

Send your submissions to: editor@ifge.org. Attach a file, using MIME encoding. These formats are acceptable for text files: Microsoft Word, WordPerfect, Rich Text Files (RTF), and Text. Please name your file so it makes sense to us, and for goodness sakes, be sure to include your name and contact information with text files. A file named "Tapestry" doesn't tell us much! Much better to use "John Smith Poem" or "Martha Michaelson Submission."

It's okay to send text in the body of an e-mail, but our Eudora Light mail reader doesn't recognize embedded codes.

Graphic images should be high-resolution TIFF or EPS format, saved at 300dpi and submitted to the editor (address below) on Zip disk or CD-R. Please include your return address if you would like your materials returned to you. If you prefer to send images in BMP, GIF, or JPG format—although they are easy to send via e-mail, please know the quality of your image will be severely compromised by the printing process.

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We hate typing in text, but we understand some people can't afford or don't like computers, so believe it or not, we accept articles on paper. Please include a brief biography with your submission.

What To Send Us

We want original material. We rarely accept simultaneous or previously published submissions. We're interested in ideas which have been previously under-explored. We accept submissions on gender issues of general interest, including: new (for some people) types of diversity; little-known information about transgender history; under-utilized resources and populations; personal struggles; social or medical issues; humor with an underlying message; and satire.

Things We Shouldn't Have To Say

DO send us stuff. Deadlines are firm. Contact us before submitting. Talk with us before writing, if possible. Let us know what you want to do and when you can deliver it. Send us a rough draft if you have one. Be reliable. Make your word stick. Be concise. Don't ramble, and don't try to tackle too much in one article.

Don't be heartbroken if we don't use your submission. A rejection often has more to do with the theme or the space available in the magazine than the quality of the writing.

The Naughties

Over the past century and more, most decades have acquired a name and an identity: the Gay Nineties, the Roaring Twenties, the Swinging Sixties, the Decade of Greed. There's an exception to this—the "00" decades, the first in their centuries, tend not to have names bestowed upon them. When it comes to the first decade, even the wags seem to come up short in the nomenclature department.

So far as I've been able to determine, the present decade is no exception: it has no name. It should—it's hardly been lacking in events of importance—including the controversial, nation-changing election of 2000, the 9/11 attacks, the invasions of Afghanistan and Iraq, nuclear proliferation, the gay marriage controversy—but as yet, it has no name.

It's high time the decade was given a title, and I propose to propose one. Why me, you ask? Why not me? It's a dirty job, but someone has to do it.

So okay, here goes: I'm putting in my claim early so historians of the future will give me credit for it: I say let's call 2000-2009 A.D. the Naughties.

Why the Naughties? Well, first, those who are old enough to have learned how to cipher in school will know 0 is called not only zero, but naught. This gives the appellation "the Naughties" an air of arithmatic legitimacy. But there's another reason: lots of folks are being very, very naughty.

So, who is being so mischevious? It depends on your viewpoint, I guess. Americans say Al Queda is naughty for using terrorist tactics; Al Qaeda CEO Osama Bin Ladin says (on videotape) that America is naughty for more than 100 years of interference in Middle Eastern politics. Americans say France (and other nations, but France is for some reason considered the most culpable) are naughty for not supporting our invasion of Iraq; other nations say America is naughty for starting a war based on fabricated evidence. And why did we start the war in the first place? Because Saddam Hussein had been, you guessed it, naughty.

Democrats say Republicans are naughty for proposing an anti-gay marriage amendment; Republicans say Dems are naughty because, well, they're liberals. The FCC says Janet Jackson's wardrobe malfunction was naughty and has clamped down on the television industry—but the Desperate Housewives and the Sopranos are still as naughty as they want to be.

Fundamentalists say gays are naughty for wanting the right to marry—although what *really* concerns them are the naughty things they imagine gays do with one another in bed. Gays say fundamentalists are naughty for interfering with their fight for equality and for being hypocrites who do the very same sorts of things in bed.

Large corporations have been naughty: Enron, Tyco, WorldCom, the United Sates. Politicians have been naughty, for instance Vice-President Dick Cheney, who said a bad word on the floor of Congress (even his nickname is naughty!), and San Francisco Mayor Gavin Newsom, who, in defiance of state law, married hundreds of gay couples. George W. Bush has a history of extreme naughtiness, even if no one has been able to prove it to the satisfaction of his supporters. Even the Governator, it seems, has been naughty in his demeaning treatment of women on his movie sets.

Celebrities have been naughtier than usual, even icons of good housekeeping like Martha Stewart. Martha was punished for her naughtiness; Robert Blake and Kobe Bryant were, perhaps, much naughtier and got away with it. Another Jackson—Michael—has been naughty with young boys, and went on trial for it.

Governments around the world are being naughty. Think North Korea. Think any axis of evil aspirant. Even cartoons like Spongebob Squarepants and Shrek II are naughty (if you believe the American Family Association. I don't believe AFA; in fact, I think AFA itself sets a high standard in naughtiness!)

Just about everyone, it seems, is being, or has recently been, or is planning on being, or would like to be, naughty. In fact, I get the feeling I'm being just a little bit naughty in writing this.

So there you are: I give you 2000-2009: the Naughties, the Naughty Decade.

© 2005 by **Dallas Denny**

The photo of the wreath in our last issue was, it turns out, not the actual one laid by the Transgender American Veterans Associatian. This is the actual wreath. Our apologies.

Through Winter to Spring: Moving on From Tough Times

A word from the Chair of the IFGE Board of Directors, Moonhawk River Stone

In my efforts to reframe my world, the new image is "Water flows down hill." The old thought, the negative one, was "S--- flows down hill."

Yes, readers, things have been tough here at IFGE, but not s---ty. They've been flowing, but the flow has been a trickle at times, and this issue of *Transgender Tapestry* is going to be in your hands several months late. Nothing much we can do about that, except say, "We're truly sorry, and we're working on it."

Looking around the community at the attrition this past year of Transgender Community News had to stop publishing and Ladylike appears to be in jeopardy as well and *Girl Talk* has gone electronic. At least we're still publishing, albeit, slowly. It is IFGE's intention to continue to publish *Transgender Tapestry* regularly. We may not have the funding to get caught up, from the hiatus of the last half of 2004, but we'll be back on schedule shortly. We continue to seek funding from grants, major donors, and other ongoing fundraising efforts, like magazine advertisers and the professional listings in the magazine to help the magazine pay for itself. Thanks to our efficient and frugal Executive Director, Denise Leclair, we have cut costs of production wherever we could to maximize the funding we do have.

I believe *Transgender Tapestry* is one of the most significant outreach resources we have in the transgender community. During my tenure as Publisher, I have striven to work with our Editor-in-Chief, Dallas Denny, to bring a diversity of opinions to its pages in an effort to spark debate and conversation in our community about the important issues facing us today. We have taken bold steps to push the envelope with our readers on such topics as body size and the ongoing discussions of autogynephilia, and state of transgender politics and civil rights. We will continue to address other such important topics in the coming issues.

Like many non profits IFGE has suffered from the current climate of right wing conservatism. The war in Afghanistan and Iraq, the lousy economy, and the cutting of social programs, have been particularly harsh realities for non profits. The outpouring of individual funds for tsunami relief, as what happened for 9/11, has hurt the fundraising efforts of the smaller non profits. Yet, we're still here, and we'll be here. Our programs, our outreach, education and advocacy will continue to function and continue to grow as we meet these challenges and overcome them.

So this is the challenge for our community—to raise the funds necessary to do the work.

So this is the challenge for our community—to raise the funds necessary to do the work. Every donation large or small makes an immeasurable difference in the lives of transgender people. The more we are able to advocate and educate for transgender people, the more the general public learns about us and our issues, then the closer we are to living in a society and country which is truly the land of the free.

As I write this column I sit overlooking my beautiful pink star magnolia which is in the blush of full bloom with hundreds of blossoms. Last year when Marc Mario took the photo of me (published in #107) the magnolia was also in bloom, having survived a 50-year winter of drastic depths, its blossoming was quite sparse. This year, not only is IFGE blossoming out fully once again, but so, too, are we in the transgender community. Our images are being found in mainstream comics—Opus, Mother Goose and Grimm, Close To Home, and others I'm sure. Our lives are being portrayed on television in a variety of shows, both documentary and entertainment, in positive and compassionate ways. People like Charles Osgood of the CBS Sunday Morning show say the word "transgender" without blinking an eye. We are publishing books at greater rates, and others are consulting with transgender community members to learn how to portray us in mainstream literature and movies. Yes, the nasty, disparaging, sensationalizing stuff is still happening, but suddenly, we're everywhere. That's IFGE's goal—to be as everywhere as we can be educating, advocating, outreaching. Like our fabulous transgender community, IFGE is here to stay, unlike the Bush Administration which is not. Until next time...

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At the request of the author, this column is unedited—Ed.

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Tran-Mail

Female Brain

I believe thou doth protest a bit too much ("A Word from the Editor," #107). You're too savvy a veteran of this issue to not understand that when we speak of sexually dimorphic brains in regard to transsexualism that we are speaking only of the seat of sexual identity. And the point of the exercise is to ground our sense of being (and this includes you, too) in a neuroanatomic locus (and there may be more than one, of course) rather than leave it free-floating in the sphere of mental illness, depravity, deviance, or paraphilia.

Now, and I agree, it would be wonderful if we lived again in the 60s, when a large plurality of the population took civil rights seriously, but we do not. The average Joe and Jane do respond well to biological arguments. When they understand that this is who we are, how we were born, and that the condition is not amenable to therapy or drugs because it is not a mental illness, they become tolerant and often accepting.

I say let's do more of what works.

Oh, thanks for publishing Christine's (and Elizabeth's) response to your publication of Willow. I agree that you went overboard in publishing seven pages of her drivel. While I was not personally slandered by her in your pages as I've been online, I'm offended by her attacks on my friends and colleagues. The war against Bailey is over; he's gone. Willow is free to bloviate all she likes, just please don't give her such an extensive platform.

- Dana Beyer

Many of the MTFs I know have been arguing that they do indeed have female brains—not just the part of their brain that determines identity—the whole thing. It's a guilt mechanism, a way to feel better about the life choices they have made. As a behaviorist, the biological arguments just set off my bullshit detector. Besides, as an activist, I am most emphatically not interested in buying into a biological pathology argument, as it's just another form of us being broken. I say we're not broken, and we need to stop looking for better ways of being broken and start enthusiastically proclaiming that we're just fine. And you know what? Regardless of whether we have "female" brains or "male" brains, or just plain transsexual brains, we are just fine—Dallas.

I don't really see that big a difference between Ms. Denny's editorial in No. 107 (which came to me the day before yesterday, five months late—again) and the recent South Park show depicting a gay man who opts for genital mutilation but is portrayed as a caricature or transsexuality

Ms. Denny seems to lean back in her gold-plated chair, look out the opening of her cubicle, and say, "Female brain? What female brain? I don't see it. I've acted as a man all my life, except for my contempt for sports. Transsexuals should get over themselves and accept that they're just men."

Like South Park, there's no attempt at scientific analysis. She spews forth her opinion like the remnants of last night's black bean soup. That's fine. Opinions are like fingers; almost everyone has at least ten of them—but if one is going to make an observation of the world around them, it helps to open one's eyes.

Its difficult for me to believe Ms. Denny could be so blind. How is it possible that one in her position could fail to see the beautiful diversity existing in the NATAL female population, let alone her failure to observe it in us and herself? In her view, then, my wife, who does love sports (even junk sports!), cars, reading maps, is unemotional, stoic, and not particularly maternal, should be a man.

And, no, I'm not missing hidden messages here—that is, to forget binary genderism and a biological determinant in favor of the right "just to be me." I got that.

The problem is that the courts haven't and won't. They want to know why we want to be women (or men). The history of civil rights in this country is founded on the proof of lack of choice. Blacks have no choice but to be black, women have no choice but to be women, the disabled have no choice but to be disabled, and on and on.

The fault line is choice. That's why we don't enjoy the freedom to marry, because the majority in this country fail to accept that for most in the LGBT community, we too lack choice.

Ms. Denny reinforces the Christian Right's dictum that the greater majority of people should not have to be subjected to what they perceive as the LGBT community's individual choices or lifestyles. By default, she has become their advocate.

I have to ask, in her own words to the National Academies, "In this age of reality TV and junk journalism, are you deliberately tarnishing your heretofore respected image—or (were you) asleep at the wheel?"

I can only hope most people will relegate her opinion to the realm of South Park and not take her seriously.

- Frances J. O'Grady

I object to your observations and suggestions based more on your own experiences and your perceptions of other transgendered individuals. This will only give more ammunition to those who oppose us and seek to destroy our community and our efforts at healing ourselves.

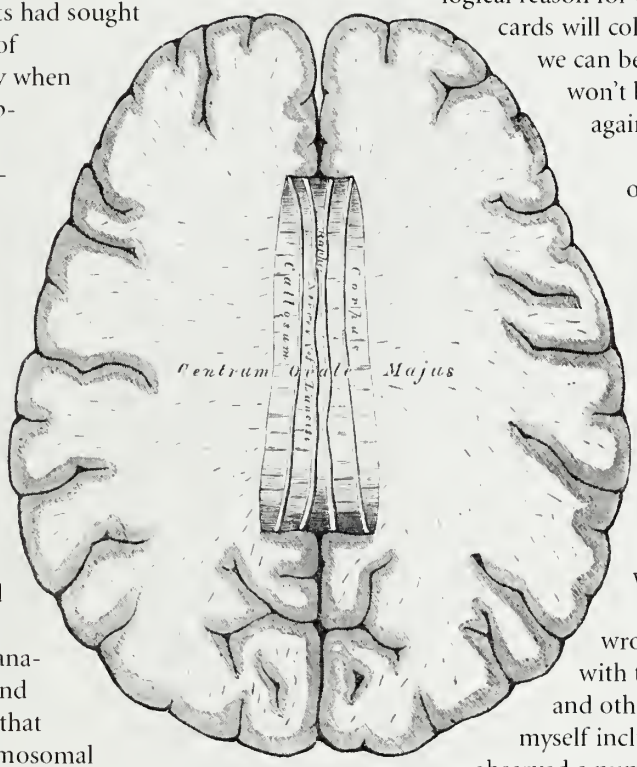
I have always had a female brain, or a natural female way of thought. I always hated male sports, and loved doing "girl" things like playing house and dolls (I used to frequently steal my sister's dollhouse set) and communicating exclu-

Editorial: On Brains and Transgender Rights

Dallas Denny

Ten years ago marked a turning point in transgender activism. Most activists chose to abandon attempts to justify gender-variant behavior on grounds that there is something wrong with us, and to fight for our rights based on the assertion that transgendered people are not defective in any way. The political gains that have resulted have been remarkable. After decades of struggle that resulted in little impact on the political landscape, today fully one-third of transgendered Americans are either protected in some degree from discrimination, shielded by hate crime laws, or both.

For decades, transgender activists had sought our rights based on presumptions of deviance—to little avail. It was only when we divorced ourselves from our supposed pathology, only when we changed the ways we looked at ourselves and spoke about ourselves—only when we rid ourselves of our shame—that discourse reached a new level. Dramatic political change soon followed.



Certainly, not all activists have been on board with this change of viewpoint. Some long-term activists were vehemently and vociferously opposed, and remain so. Still, it became more of less the consensus of the transgender community, and we have profited from it. Theories such as autogynephilia, the psychoanalytic nonsense of Colette Chiland and other psychiatrists, and arguments that transgender identity is due to chromosomal makeup, hormonal washes, unsuitable family dynamics, or other prenatal, perinatal, or early childhood causes presume that there is something wrong with us—we deviate from "normal" developmental pathways. This word—deviation—when used in the purely scientific sense, has no moral connotations, but we all know that in society, deviation from the norm has an emotional loading that translates into persecution and discrimination. We do well to rid ourselves of this stigma.

Many transgendered people—and for that matter, many gay men and lesbians—direct enormous energy (and sometimes money) to attempts to explain why we are the way we are. This is a guilt thing: if our hormones made us do it, if our chromosomes are the culprit, if our brains are female, it's not our fault. We can't help it. We're not responsible, it's our darn female brains. (My apologies to FTMs.)

Human behavior is complex, with multiple interacting causative factors. Gender variance is no exception. We will probably never know what—if anything—"causes" us to behave as we do. Chances are that biology—genetics and the hormonal state in utero—*do* play a significant role in gender variance. But chances are we'll never know or understand just how. And while it's always laudable to try to figure out what makes the universe run and what makes people tick, we shouldn't hang our political futures on the unraveling of such complexities.

Despite all the efforts to date, the reasons for transsexualism, for crossdressing, for male homosexuality and lesbianism are not known. The evidence, despite those on both sides of the issue who claim a preponderance of data support them, is equivocal, and is likely to remain so. Building a case for our rights based on this shaky tower of reasoning leaves us in the wind, vulnerable to the next study; if it doesn't support a biological reason for our differentness, our house of cards will collapse. If a favorable study appears, we can begin to reassemble our cards, but it won't be long before they are toppled again.

Attempts to justify ourselves to others based on unconvincing biological or psychosocial data will ultimately not serve our common purpose—gaining human and civil rights. If we build a house on the sand, it will not stand. If we build it on rock—and here I am arguing that we must build our rights on the assertion that we are as we are because we are the way we are and causality is of no importance whatsoever—it will make for lasting change.

In the last issue of *Tapestry*, I wrote about my experience in dealing with thousands of MTF transsexuals and other MTF gender-variant people, myself included. I mentioned that I have observed a number of psychological traits in MTFs that are rare in women, but common in men. Such sex differences are, of course, an area of hot debate in psychology. We could argue about this in these pages for years—but whether we have male or female brains isn't the real issue. The real issue, and the reason I threw out the gauntlet in *Tapestry* #107, is that we must rid ourselves of the need to justify ourselves by claiming something "made us do it." I will leave it to each individual's conscience to determine how much of their own self-image is rooted in shame, and I will say once again that basing our identities on any form of pathology is shaky ground on which to organize for social acceptance and political change.

sively with women. Don't get me wrong, I still have my "butch" side; I've been a feminist all my life.

I still have a lot of tendencies that are stereotypically attributed to women, such as easily getting lost when trying to find an off-ramp from the freeway, being empathic about someone else's pain, turning into complete Jello whenever I encounter a cute, sweet baby, even preferring to work within a communal setting at work and in life, rather than competing against others. I always look for the "win-win."

And yes, unlike a man, I mostly experience the 8-10 hour work-day and home life as being inseparable, as all one entity. My journey through gender transition (including GRS) is not a "set of obstacles to be stomped out," but a life journey to be celebrated each step of the way, and beyond, as life itself should be celebrated like the beautiful goddess she is.

Maybe one should gently probe deeper into oneself, and honestly look at the mosaic that makes one the complex, individual that they are— and try to end the narrow designation of black-and-white gender and gender-brain description that already is forced on us transfolk at birth by society.

It would be impossible to know exactly how mine or your next door neighbor's brain is structured! Here is some interesting food for thought: during the mid-1990s, two leading universities (one in Denmark, and one in Sweden) conducted autopsies on deceased MTF and FTM transsexual individuals: Within the MTF's region of the hypothalamus (or primitive brain) sits an area known to science as the stria. The nerve density of this area matched those of non-trans female cadavers—and vice-versa for FTM cadavers to non-trans males.

- Arianna Raven Davis
TransMission International

Self Esteem

"Find your self-esteem and be forever free to dream"
— Shania Twain, "Black Eyes, Blue Tears"

Shania Twain's phrase, is, to me, poignant and full of meaning. The further I have traveled the rocky road (no, not ice cream!) of transition, the more important this phrase has become. Six months into my real-life experience, I realized that life as a transsexual woman was filled with the same challenges and frustrations, joys and happiness as any other woman's. I soon came to fully understand what this country singer, another woman, was saying to all of her sisters—that self-esteem, finding your inner sense of worth, is a large part of what life as a woman is about.

Without a minimum level of self-esteem you will never be free to dream. If you cannot dream for something better, for a more fulfilling life experience, you will never get what you deserve. Life won't change for you. We T-people suffer from a serious lack of self-esteem, and this holds us back not only as individuals, but as a group as well.

Ladies and gentlemen, I am here to tell you that the time has come for all of the transgendered people to find their self-esteem and to begin to dream of a better life for all of us: a life in which we can walk down busy city streets and not get snide remarks or strange looks, a world that does not discriminate based on gender or gender expression. Once we become proud of our trans heritage, then we as a group can begin to dream. Once we begin to dream of what can be, we can begin to make our dreams come true. So I ask each and every one of you to help every trans person you meet to find their self-esteem so they can be "forever free to dream."

- Sarah Anne Thompson

I transitioned my life in December of 2000 and went through SRS in August of 2002. I've tried to mainstream my life as much as possible, but many have asked if I belong to a support group or organization for trans people. I tell them no.

There's just too much arguing and politics for me. I grew up in a household where people were fighting all the time, so it turns me off quickly. My only link to the trans community is *Tapestry*, and here, too, I find it. I know people have differences of opinion on issues, but it reminds me of the local drama I avoid. I do like the magazine and will continue to read it, but I skim over a lot more than I used to. Oh, and I still don't trust the HRC.

Well, life is good since my transition (playing guitar again and writing songs like crazy). It's amazing what you can accomplish when allowed to be oneself. I know there's a Grammy with my name on it in the near future (will I be the first transwoman to win one?).

Anyway, I like the magazine, but let's keep the bickering to a minimum. OK?

- Robyn Stuart
Hallandale Beach, FL

Imagine yourself a post-op MTF. Imagine that after some years of struggling just to get a job that pays a living wage, you are working in collections for a national mortgage company which pays quite well and where you are treated with respect. Imagine that you have been doing this work for just over one month. Imagine your job is to take inbound calls from people who have had problems paying their mortgages.

So you take your next call and this apparently male voice identifies and confirms the information you have for the account. Then they follow up with something like this: "For the next six weeks, I will be

going..., and then after that I'm going to Thailand for sex change surgery."

Would you respond? Would you continue to call this person "sir?" Would you identify yourself as a post-op MTF to this stranger who suddenly wants to tell you their gender life story while you are at work and on the job, or would you keep the calls short? What would you do?

The rest of this letter will seem like a major disconnect, and for that I apologize. However I would like to inform and educate about what one can do regardless of their gender status.

Since the age of eight, I have been involved with classical music. I survived high school and attained a bachelor's degree in music education, attended graduate school in music composition, but never completed the degree. I went on to teach myself photography and several other things.

Even in high school, one thing I had been passionate about was composing music: classical music. When I moved from Missouri to Minnesota in 1999, I suspected that the arts community was stronger here; I was correct. I was able to meet composers and musicians who accepted me and even embraced and encouraged me to compose my brand of classical music. I did, and in late 2003 I received my first-ever commission to compose a trio for flute, clarinet, and piano for a flutist in Utah. This work is completed and I expect it to be performed in August 2005 in Utah.

In mid-2004 I applied for my first-ever Jerome Foundation composers grant. To my shock, I received a grant and a commission for $5000 to compose my third woodwind quintet. I plan on applying for every similar grant and fellowship I can find. I am actively seeking out commissions from individual musicians, ensembles, and even an orchestra or two. I am determined to make this work and to eventually earn a larger percentage of my income from this source instead of struggling to get a survival job.

I would like to encourage people, regardless of the stage of their gender status, to work at what you are passionate about and persevere to achieve a goal beyond simply being a post-op transsexual. Thanks.

- Lisa Renee Ragsdale
  Minneapolis MN

Joining

While Monica Helms' article in the Summer 2004 issue of *Tapestry* was interesting and informative and elucidates many relevant points pertaining to the current discourse regarding the gay marriage issue, I feel it is not the best way to achieve the goals of an inclusive community standing for the protection of human equality. I believe all people are entitled to equal rights under existing constitutional law, yet in my opinion, gay marriage is not the most prudent path.

I was raised in a religious family and have always believed that marriage is between a man and woman, as defined on its face. Why do we, as a community, have to become overly zealous about a word which by Webster's definition stands correct? Some argue we need to elaborate on a more exact definition of a man and woman, but this seems reactionary and only muddies the waters and blurs the focus on the real issue. Marriage, as it traditionally stands, is both a spiritual and secular institution between a man and a woman. How one qualifies as a man or woman was never part of the central issue.

I am transgendered. All my life I have walked miles out of my way to avoid danger of social admonishment or worse; however, I am sure my statements here will be met with controversy.

I fully comprehend the struggle faced by the gay community, that rules made in the past are not always perceived fair by today's standards, yet I believe those who wish to have same-sex legally recognized unions should seek other recourse than marriage. The gay community has made great strides in achieving equality for themselves by advocating for its rights as equal status under the law.

The transgender community, however, is in many ways at a crossroads. Most of those who identify themselves openly as part of the transgender community are more open because being transgendered includes various gender identities along with many outspoken post-operative transsexuals. Other post-operative transsexuals choose, often at great lengths, to become part of mainstream society. Therefore, in this light, there are those among us who would not like to see the issue of defining a man or woman amended.

The marriage amendment is not the only way to achieve equal rights under the law. The gay community saw what was happening in Massachusetts and abandoned civil unions and went straight for marriage—a noble goal from one perspective and seemingly a step forward, but the fallout has created such a fury that states are now amending their constitutions. The gay community must be realistic: it has now alienated the straight community and lost the initiative it had so long fought for, the same legal rights through civil unions that are covered under marriage. Two steps back. One need only look at the struggle of African-Americans who have endured in this country to realize that change does not come that easy.

I'm not saying the legal benefits of marriage should not be a universal right, just that marriage should be not the only avenue perceived to attain these rights. It is better to lose one battle than the entire war. In Missouri, where I live, the marriage amendment, describing marriage as between a man and woman passed by more than 60% of the vote—and Missouri is not as conservative on social issues as most Bible Belt states.

The gay marriage debate has given Bush and the conservative Republicans a new political advantage. As I said before, I believe we are all entitled to equal rights, but can't they be achieved faster and easier at both the state and federal level with civil unions or with what I would call a "Joining"—the full legal union between any two persons regardless of sex? Let the straight community have their marriage and the gay community have its "Joining," with the same equality for all.

- Ronnie London

"Joining" for gays and marriage for heteros, as in, uh, separate, but equal? –Ed.

I gave a shout for joy when I read Moonhawk River Stone's article "Hard Ball" (*Tapestry* #106). "As I mentioned … same-sex marriage is a transgender issue too." Later in the article he says, "Love matters. Love especially matters to transgender people."

The label that most closely fits for me, right now, is crossdresser. That's not to say that in the future that may not change. I want to keep my options open. Yes, for love and all the possibilities for love too!

Going back a little in the article, Moonhawk says, "Therefore, an integral part of our [IFGE's] mission is to work for a free and just society for everyone regardless of personal characteristics, background or beliefs." A few weeks ago I (as the crossdressed Lauren) was talking with a person I had just met about labels. We agreed the label that we could readily and fully agree to was "human." Thanks for an affirming article.

- Lauren Danley

Lauren is a single crossdresser. She has been a member of IFGE and Tri-Ess since 2003, and is a new member of the board of directors of Wyoming Equality. She believes others shouldn't have to live in the closet for 30 years, as she did. She can be reached at laurendtskwe@hotmail.com.

My given name was Ronald Eugene Myers, but at this time I go by the name of Ronie Jean Myers, for I am a transsexual. A better word for it is a transgendered person. The question is: why do I have these feelings? And the answer is: I don't really know why, and more than likely, I will never truly know why.

I am different, for I have cerebral palsy as a disability, and living with C.P. has been a real struggle by itself. There was a short time in my childhood when I thought my disability had something to do with my feeling of being a girl. This feeling came to light when I was about seven or so, but maybe earlier. I do know that being transgendered has been the struggle to top all struggles, to say the least.

I have sisters. I knew I wasn't built as my sisters, but felt as if were a girl. I didn't understand why I wasn't as they were or why I had these feelings. My dad just thought I was a fag. In today's terms, it would be gay. He did his damnedest to keep me from being, as he called it, a fag by openly insulting me, which for a small boy did not make any sense. I just knew it hurt and confused me. It wasn't until the end of his life that I understood where he came from. But it still hurts from time to time.

When I was about nine, I started hoping that my penis would fall off when I went to sleep at night, which it never did of course.

During those years, when I had the chance, I would try on and wear my sisters' dresses and panties under my boy clothes and dream of the day when my body would change, which I thought would happen when I started into my teenage years, when puberty would do its work.

It's funny what children think and wish for and how hard transgendered children have it as they struggle to live in a world of confusion and try hard to fit in. But when the kid is disabled on top of being transgendered, it can be impossible, or at least it can seem that way. In my young life I was not to understand my need to be feminine. When I entered my teenage years and my hopes to change into a female were dashed, and I realized that it wasn't going happen the way I wanted it to, I fell into sadness and deep depression as I tried to live as a biological male as I went on with life.

When my female feelings became overwhelming, I began to crossdress and fantasize about being female. As I went through my twenties and a part of my thirties as well, I would sleep in womens' nightgowns and ruffled panties that would go over the diapers and plastic pants that I have to wear to bed as a part of my having cerebral palsy. These were years I spent in turmoil. Between my disability and having these feelings of being feminine, I just about went nuts.

There is more to this story, but it will have to wait.

- Ronie Jean Myers

Do No Harm

It was interesting to read the thoughts of Willow Arune in the Summer 2004 issue of *Transgender Tapestry*, particularly her views concerning the tumult generated with the release of Michael Bailey's book *The Man who would be Queen*. I've been following the controversy over the book almost from the beginning and have witnessed first-hand some of the needless hurt and anger the book has caused. I also have some thoughts about the results of Blanchard and Bailey's work, and I'd like to share them with you.

First of all, my sense is that the transgender community's somewhat vitriolic reaction to the idea of autogynephilia was caused by the way the concept was presented. Nearly everyone in the community, myself included, saw it as being thrown in our face, that is to say: "This is what you are and don't try to deny it, I've got proof!" The community's counterattack occurred because transgendered people, having spent a major part of their lives warding off attacks from parents, spouses, healthcare professionals, religious leaders and various representatives of the legal system, are quick to defend themselves. To compound the situation (or perhaps confound it), many transsexuals, again including myself, have found a great deal of useful information on Anne Lawrence's website, and felt a deep sense of disappointment over her rush to embrace such a flawed and unproven concept.

Now, truly, is there a group of male-to-female transsexuals who are actually gay men, afraid of entering into a relationship with other men, and is this the reason they're seeking surgery? Better yet, does this really mean there is a second group made up of transsexuals who don't fall into the first group? These would be ... let's see ... not really transsexuals? ... or maybe it's that they are transsexuals and just not homosexuals, unless they're lesbians perhaps, which would mean they were really female homosexuals ... wait, a female homosexual? ... or were they male lesbians before surgery and now they're...just a minute, a male lesbian? ... no, this can't be right, that would mean two genetic women who love each other are lesbians, but a post-op male-to-female transsexual woman in love with a genetic woman is not a real lesbian ... or maybe it's that he's a man pretending he's a woman who thinks that she's a gay woman having a sexual relationship with another woman who thinks that they're ... or is it that she feels ... no ... that doesn't make much sense either, maybe it's ... hmmm ... not tonight, darling, I have a headache.

And if this ever does get sorted out, one has to wonder how many more subgroups are out there, just waiting to be discovered, identified, classified, categorized, studied, written up, and published as case studies in some journal.

Whether we agree with the idea or not, sex is a big part of everyone's life, because as far as sexuality and the sexual urge go, it's an accepted fact that these feelings are hard-wired into a primitive area of the human brain. To deny the effects of sexuality, (an idea our Puritan forefathers brought with them when they put down roots on this continent several hundred years ago), will ultimately prove unsuccessful, and in the meantime, this denial only continues to make many segments of the population miserable.

Actually, the idea of sexual preference in a transsexual is something of a Zen riddle, and at some point, one has to ask why this is so important. Why is there such an obsession to categorize, classify, and label?

The designation transgender is an umbrella term—the designation transsexual is not. A transsexual is a transsexual, sexual preference notwithstanding. Indeed, to what point did we as a community, spend the last thirty years arguing and promoting the idea that gender and sexual preference are two separate, distinct areas of the human psyche? And what about the incredible amount of time and effort spent by so many to get homosexuality removed from the DSM?

So, how does one describe an elephant to a blind person? The phrase "a woman born in a man's body" is as close as most of us can get when trying to describe how and what we feel, and now this phrase is for some reason inappropriate, and its use discouraged. All the male-to-female transsexuals I've met have spent time with and have gotten to know have shared many of their life experiences with me. When we compared notes, we all agreed these feelings were amazingly similar in each of us. Simply stated, we feel we are female in mind and body. If we've started hormone therapy, we have breasts, and if we've had surgery, we have a vagina. But even if there has been no surgery or hormones and we are still deep in the back of the closet, standing quietly behind all the winter coats and garment bags, these feelings are still with us. We can't hide from them—and nothing we do will make them go away.

I feel comfortable saying that every one of us recognizes that even after GRS we will never be the same as a genetic woman, that is, we will not be able to become pregnant and give birth, and we will still have a prostate gland. And we also understand that most of us will still struggle with a deep voice, large hands and feet, broad shoulders, and an extra rib or two to spoil that hourglass figure. But none of this was ever the point; rather, the point is and has been for almost every transsexual, MTF and FTM, that it comes down to perception—not how the world perceives us, as important as that may be, but how we perceive the world.

To the question in the article, "If you've felt like a woman all your life, why have surgery?" there is a simple answer: Identity.

Inside the mind of a male-to-female transsexual—often starting at a very young age—everything is female. That's why what we're dealing with is called Gender Identity Disorder and not Gender Who Would You Like to Have Sexual Intercourse With Disorder. There is a sense of being male, but it is almost always influenced by a stronger female presence, which affects how we see things, how we think about things, how we feel about things, what makes us happy and what makes us sad. Outside, it's a different story. Life is in perpetual turmoil because we are expected to think and act according to that pre-established template that came ashore with the Plymouth Rock crowd. This is the conflict that results when that male template is forcibly applied to a male-to-female transsexual.

Changing genders is not a choice, it's a necessity. Having a self-image we can live with, that we can be happy with, and perhaps most importantly, that we can function productively with from within, cannot be an undesirable objective—particularly so when so many of us find so little happiness or satisfaction living in the gender we were born with. I believe the current popular phrase is quality of life.

In an attempt to state her case firmly, Ms. Arune starts off by saying, "Another thought transsexuals often express is, 'I always think like a woman.'" She then challenges the validity of this statement by asking, "Oh, Really? And just how does one prove such a statement?" Yet further on in the article, she says of herself, "I think I look, act and think like a woman ..." (emphasis mine) Any conclusions, I leave to you.

We are at a point in time where there finally is mounting credible evidence showing there are not just two kinds of sexual preference, and that trying to force everyone—heterosexuals, homosexuals, transsexuals and everyone else—into two categories does more damage than good. This is why I found the ideas and conclusions in Bailey's book so unacceptable.

As for whether or not transsexuality should be classified as an illness at all, mental or otherwise, even if we accept the argument that transsexuality is not a disease, and is instead caused by some genetic or physiological differentiation, certainly the side effects, including anxiety and depression brought about by one's gender incongruence, are, and as such, they can and should be treated.

It has long been held that if the mental concept of a person's gender cannot be changed, the only effective course of treatment is to change the physical gender to match. So for now, caregivers will continue to act as gatekeepers, asking standardized questions, looking for key answers to satisfy the requirements in the Standards of Care. And patients will continue to answer with carefully scripted responses, using key phrases that satisfy the requirements in the SOC to achieve the diagnosis as transsexual.

Will it really be business as usual? No, I think not, not if the therapist is skilled, competent and well-trained. For example, in my eagerness to start planning to live full-time early next year, my therapist adroitly pointed out several important details I had completely overlooked in my rush to get on with my real-life experience. She also indicated that my failure to plan for these eventualities would have had a significant negative impact on the success of my transition.

Most of those details are contained in the SOC. Occasionally, I get annoyed with my therapist (who is a gatekeeper), but as I work with her, I have begun to understand just how difficult her job really is. Gatekeepers are a necessity, because there are some who believe they are transsexual and actually aren't, some who should not transition, and there are some who should not have GRS.

Which brings us to one final point—are the Standards of Care in need of a change? Most certainly. At the very least, they need to be updated, but updated with caution, because like it or not, everything in the SOC was put there for a reason. As such, any changes should be made with a great deal of consideration by a diverse group of professionals, and they should be made by consensus. (Do we occasionally forget that the standards are a work in progress?)

Now, I realize this is not a terribly popular position, but please consider this: the standards give us, as a community, a uniform set of guidelines for managing our gender redefinition, with oversight by carefully selected and trained healthcare professionals. This in turn gives us, as a group, a measure of credibility at a time when we desperately need it. If we are to make any progress toward equality in society today, even a small amount of credibility is better than none at all.

Blanchard conducted his research while looking at life from a male's viewpoint, and is trying to "treat" people who were looking at life from a female's viewpoint—and from this, he tried to describe the elephant. His reluctance to look beyond his binary construct only further demonstrates how conclusions can be pre-determined by manipulating the data pool, and have the results be statistically accurate.

If the first rule of medicine is to do no harm—that is, don't leave the patient in worse condition than before you started treatment—then perhaps the whole idea of autogynephilia and the works of Bailey belong on the shelf, right next to the collected works of Sigmund Freud. It's time to move on with our lives.

- Rev. Sarah Carpenter

... And That's the Way It Is

by Monica F. Helms

The year 2004 is finally over, and not a minute too soon. In the last episode of "And That's the Way It Is," (back in the Stone Age of *TG Tapestry*, before our long hiatus,) I talked about all the interesting things that happened in the first half of the year. The second half was no less exciting, but not all in a good way.

For all you Republican readers out there, please keep in mind that not only am I a card-carrying Democrat, but I attended the Democratic National Convention as a delegate for John Kerry. Remember that when you read the next two paragraphs.

The election has come and gone, and so has my faith in this country. Bush has been re-elected, opening up the possibility of the reversal of many civil rights gained over the last fifty years. The possibility exists that *Roe v Wade* will be overturned when Bush replaces Supreme Court Justices. Coat-hanger abortions will return, and the overall health of women will decline. Health issues for women affect a good portion of the transgender community. Most trans-men still need to take care of female health issues, and trans-women are experiencing female health issues for the first time.

Social Security will become bankrupted just as I am about to collect on it, and the plan to privatize it means my children will never see a dime of their contributions. The only winners will be the money-grubbers on Wall Street, Bush's rich buddies. GLBT people will be forced back into the closet, deeper than ever just to keep safe. The rich will get richer and the poor will get poorer, and the middle class will disappear. War will become the only news for the next decade, and this country will become less safe. And, the Bill of Rights will soon become a distant memory. God bless America... please.

Yes, this IS an opinion column, and THAT was my opinion.

It's interesting to note that right after the election, Bush started losing Cabinet members faster than a NASCAR race at Daytona. Rats deserting a sinking ship? What do they know that we don't? I wonder how many of them plan on retiring in other countries.

One of the biggest events of my life happened this year when my oldest son, Robert, a Lance Corporal in the Marines, got sent to Iraq. This happened in August; I found out he would be going there when I arrived at the DNC Convention. I've known fear in my life, but I learned there's no fear like that of a parent who has a child in harm's way during a war. At the convention, I spoke with former Senator Max Cleland of Georgia, a triple amputee from the Vietnam War. When I mentioned that my son would be going to Iraq, a look of sadness came over him.

By the time you read this, Robert will be back in the States. I will breathe a sigh of relief... until he buys the Harley he has been longing for. This parenting stuff doesn't ever get any easier.

For me, the biggest event of 2004 was the death of my father, on December 17. No single event has had a more profound affect on my life. Losing a parent is a traumatic event for anyone, but this loss had a positive side; it brought me back together with the rest of my family. It was not a trade I would have asked for, but I will take it nevertheless. *(Monica's article on her homecoming will appear in the next issue of Tapestry—Ed.)*

Although 2004 was almost ready to check out, it was not quite done with me. Two days from the New Year, my girlfriend of nearly four years told me she felt we should break up. I had known this was coming, but wasn't prepared for it when it happened. We are still friends, which is all right with me. So, my friends, this means I am now an eligible bachelorette. Just don't flood my E-mail basket with proposals. (Please ignore that last sentence.)

Just after the New Year, I got a visit from Jane Fee, one of our community's long-time activists. Jane was instrumental in ensuring transgender people would be covered in the Minnesota non-discrimination law of 1993. She helped form It's Time, America!, the basis of many state groups across the country, including Trans=Action here in Georgia. She was also the first and only openly trans-person to attend the Democratic National Convention (in 2000).

I had come home with only two transgender buttons from the 2004 DNC *(pictured in issue #107—Ed.)* and I gave her one. Then I told her about the award we gave Scott Saffier for his help in the Platform Committee. She had not heard about the award, and when I told her it was called the "Jane Fee Award," she nearly cried. Jane is a wonderful person, and I'm happy she is part of this community.

The IRS Giveth and the CIS Taketh Away

In less than 24 hours in early December, two different government agencies made conflicting decision about the validity of sex reassignment surgery for transsexuals. First came the decision by U.S. Citizenship and Immigration Service in regard to Jiffy Javellana's application for permanent residency. For four years, Javellana has been married to Donita Ganzon, a post-op MTF transsexual. The CIS considers that a "same-sex marriage." Apparently, they don't recognize SRS as legally changing a person's sex, or as being medically necessary.

Ganzon was born in Bataan, Philippines, had SRS in 1981 by Dr. Stanley Biber, and six years later became a naturalized US citizen. In 2000 while on a trip back to the Philippines, she met Javellana and they both fell in love. In 2001, Javellana arrived in the U.S. He and Ganzon were married, and he applied for permanent residency. As part of his green card application, immigration officials

interviewed both he and Ganzon separately earlier this year. During that interview, she made mention that she was a transsexual who had urgery 24 years ago. Shortly afterwards, CIS denied Javallana's application for citizenship and had her sign a form that withdrew her petition for sponsorship of Javellana. They made her believe it was a form stating that she used to be formally a man.

The couple contacted Philip Abramowitz, an immigration lawyer with more than 26 years experience; he has handled about 20,000 Filipino immigration cases. He filed a lawsuit based on the fact that there is no legal definition for "man" or "woman." (This sounds familiar. Didn't I make the same mention about the lack of definitions in regards to same-sex marriage?) *(Yes, Monica, you did—it was back in Tapestry #105—Dallas.)* Abramowitz is not interested in making history and would prefer that the issue was settled out of court so Jiffy and Donita can live a happy life. Somehow, I doubt the CIS will make that easy for him and the formerly happy couple.

In contrast to this, the next day, the Infernal ... oops, Internal Revenue Service overturned a tax examiner's refusal to allow Rhiannon O'Donnabhain's claim for her SRS because he regarded the surgery as "cosmetic." They granted a tax deduction to O'Donnabhain, who contended her sex-change operation was the medically necessary treatment for her diagnosed condition of Gender Identity Disorder.

Gay & Lesbian Advocates & Defenders defended O'Donnabhain in court. They feel the ruling has significant implications for other government programs and private contracts of insurance.

I wonder if Philip Abramowitz could use the IRS decision in his defense of the Javellana couple? Someone should make him aware of the IRS's decision.

Karen Loewy, the GLAD attorney who defended O'Donnabhain, said, "This important decision recognizes that SRS can be as medically necessary for some people as an appendectomy or heart bypass surgery." She also stated, "Any notion that medical treatment for a transgender person is purely cosmetic is based on misunderstanding and prejudice, not medical science."

"I am greatly relieved by the Appeals Officer's decision," said O'Donnabhain. "While the money was important to me, so too was the underlying principle. I hope this case sends a clear message that transgendered people deserve dignity, respect and equal treatment for our medical care."

This became such a hot discussion item that Fox news set up a debate between Mara Keisling, Executive Director for the National Center for Transgender Equality, and Andrea Sheldon Lafferty of the Traditional Values Coalition. Andrea did not know what she was in for. She started out by saying, "We sent a letter to the IRS Commission asking them to reverse this decision. This is unfair and outrageous." She goes on to ask, "What about other cosmetic procedures."

> He filed a lawsuit based on the fact that there is no legal definition for "man" or "woman."

Mara responded by saying, "Any claim that this procedure is purely cosmetic plastic surgery is based on misunderstanding and is just plain prejudice." Also, "What Andrea seems to be saying is that tax policy in the United States shouldn't be about raising revenues for the government. It should be about her personal political agenda. It should be about punishing transgender people for being transgender." She then said, "But, the IRS decision here is is very simple. It's saying what is medically necessary is between a doctor and a patient. The IRS should not say that."

Andrea came back with, "We are not talking about troubled bodies, but troubled minds." Not too long after that, the host let Mara have the last word and cut Andrea off, making her look more foolish than she already did.

The IRS and CIS issues may seem but loosely related, but it's interesting to note that where it appears the CIS didn't see SRS as changing one's sex, the IRS saw SRS as medically necessary in treating GID. I would think that if the IRS sees SRS as the "cure" for GID, it wouldn't be much of a stretch to consider that SRS legally changes one's sex. Only our lawyer readers can make the legal bridge between these two cases.

Some in our community think that Philip Abramowitz will be opening a big can of worms if he challenges the CIS on the basis that there is no definition for man and woman. The decision could come down defining man and woman in a way that could screw transsexuals in the U.S. That's what some activists think. I don't happen to be one of them.

TSA Tactics Terrorize Trannies

Seems we're top-heavy with government acronyms in this issue.

Homeland Insecurity recently gave permission for security screeners at airports (those working for the Transportation Safety Administration) to become "legal perverts in public." It all started when two female Chechen terrorists boarded a Russian airliner, loaded with bombs attached between their breasts. They destroyed the plane.

The paranoid TSA screeners decided that to protect the public, they had to pat down women on and between their breasts. In some cases, they asked women to remove articles of clothing in front of other passengers. One screener felt up the breasts of a 73-year-old woman. Those who objected were detained. Hundreds of complaints poured in.

So, what does this all mean for transgendered people? Plenty. This increase in security measures is the most intrusive to a person's dignity ever, and falls into the category of perversion. In the process of this "pat-down," a screener could feel something "extra" between the legs of a pre-op MTF transsexual. If an FTM who had not had top surgery was requested to remove his shirt, the screener might want to know why his chest was wrapped. Many crossdressers wear female items below their male clothes; things like girdles and garter belts could draw the attention of a screener.

Sadly, this is an area in which we have no control. If we complain when it is happening, it would make matters worse. TSA holds all the cards in this game; either you play by their rules or you miss your flight.

The National Center for Transgender Equality has a list of suggestions for those

traveling by air on their web site; see www.nctequality.org. These will help minimize a trans person's chances of being called aside for a pat-down.

Let's hear it for the ever-diligent, ever-watchful, underpaid, under-skilled, men and women of TSA! Airplanes are more secure everywhere, now that women's breasts have been bruised and felt-up by their roaming hands. Isn't this a great country?

Tsunami Hits Phuket

On December 26, 2004, a 9.0 earthquake struck just off the coast of Sumatra, Indonesia. The quake was the largest recorded in 40 years, and the resulting tsunami was something rare for that part of the world. Upwards of 150,000 people were killed or went missing. Hundreds of thousands more were injured. Many thousands have died or will die of disease from bad living conditions and lack of good water and food, and millions are homeless. This is one of the worse natural disasters on record.

Why would I report on this in *Transgender Tapestry?* Because one of the primary location for transsexuals to go for sex reassignment surgery was one of the hardest hit location, the island of Phuket, Thailand.

When the name Phuket came up in the news stories about the tsunami, a feeling of anxiety and worry flowed over our community. "Does anyone know of anybody getting surgery in Phuket at this time?" was the common question asked on all of the Internet lists. To think that some of our brothers or sisters had finally reached their goal of surgery, only to be taken away by huge ocean waves, frightened many of us.

That fear increased when those who had been in Phuket mentioned that Dr. Sanguan would put his patients in beach houses after a few days of recovery in the hospital. The beauty of the Phuket beaches drew many of our people, some wanting to show off a new bikini— without that unsightly bulge. Phuket's beautiful beaches drew thousands of foreign visitors from all over the world. Many lost their lives or loved ones on that fateful day.

Some in our community communicated with Dr. Sanguan and found out that he and his family made it through okay; the hospital sits on high ground—but the aftereffects of all the people needing help did hit the hospital hard. We also received word that Dr. Sanguan doesn't schedule SRS for the last part of December, meaning he had no one there at the time. This was good news indeed.

In my 54 years of living, I have seen Mother Nature show her fangs from time to time. We frail human creatures don't stand a chance when she does. This disaster was a prime example of that. It also showed the beauty of our community and how much we care. Please continue to care and send donations to the Red Cross if you can afford it. After all, we live on this planet, too.

Why would I report on this in *Transgender Tapestry?* Because one of the primary location for transsexuals to go for sex reassignment surgery was one of the hardest hit location, the island of Phuket, Thailand.

Elect Your Local Trans Person, Today

The face of the political landscape is slowly changing to reflect all minorities in the United States. Across the world, in several countries, openly transgendered people have been elected to public office, but the U.S. remained "transless" when it came to elected officials. That changed when, in November of 2003, Michele Bruce was elected to the City Council of Riverdale, GA, and in the spring of 2004, when Tom Murphy, Rapid City South Dakota Alderman, came out as being transgendered.

Last year saw two more transgendered individuals run for office in the U.S. In San Francisco, Robert Haaland ran for District 5 Supervisor. According to the NCTE newsletter of October 8, Haaland has been active in the community for a number of years as a tenant-rights activist, an organizer with the Service Employees International Union, and president of one of San Francisco's democratic clubs.

The other candidate came from my old home state of Arizona. Amanda Simpson became the first openly trans candidate nominated for state office by a major political party when, on September 7th, she won the Democratic primary. She and three others ran for the two open seats in the Arizona House District 26. Simpson's platform included affordable health care, managing Arizona's population growth, and improving education. The fact that she was open about being a transsexual was a non-issue with the voters and the other candidates (even the Republicans.) She, like Haaland in San Francisco, ran on the issues.

Sadly, both Haaland and Simpson lost their elections, but not by large margins. Haaland came in second out of 22 candidates for the District 5 seat, and Simpson came in third for the Arizona House seat in District 26. However, they made us all proud.

As a side note, I'm happy to say that Michelle Bruce has become a member of Trans=Action's board here in Georgia. I'm honored to work with her. I saw her the other day on television, sitting at her City Council seat. (Riverdale was in the news, thanks to their corrupt Mayor). It's nice to see a trans person in a role other than the victim of a crime, or the criminal. The people in her district really love her.

Monica Helms *is the founder and current President of the Transgender American Veterans Association and Executive Director of Trans=Action, Georgia's transgender advocacy organization. She serves on boards of various Georgia groups, and is a winner of the 2003 Trinity Award. She can be reached via e-mail at: monicahelms@earthlink.net.*

Ask Ari

I am a M to F trans person in the middle of transition. I find, no matter how strongly I identify as the opposite gender and feel I need to do this, that I still am constantly questioning myself, and, yes, my sanity. Is this normal?

- Celeste in the Midwest

Dear Celeste:

"Is this normal?" or worse, "Am I normal?" are questions that take us down a dangerous road. Since you've asked, I'll travel down this road with you. But first, let me ask a few questions—rhetorical questions, but important ones to ponder.

What is normal? Or, more to the point, who defines normal? Is normal necessarily a goal for us to strive to achieve?

Normal is defined as common or usual, ordinary or typical. Normal is what is expected. Transgendering and transsexualism, by most standards, are still viewed as "other," "different," "exotic," "unusual," and, well, anything but normal. Changing sex, permanently or temporarily, is not a common or usual practice any place in the world of which I am aware. It might be more acceptable in some parts of the world, in some epochs in time, in some communities more so than in others. But it is not, by its nature, a "normal," thing to do—however, natural, healthy, and right it might be for a particular person. Now, I hope (and work hard) for a world where some day it will be far more common, usual, ordinary, and typical for people to transcend culturally mandated boundaries of gender and actualize their lives and bodies in ways that best fit their identity and self-expression. But by its nature, transitioning sex and gender roles and rules will feel, indeed should feel, well, unusual, uncommon, and different.

Gender transitioning is currently viewed within a mental health framework. When something is labeled as a mental illness, it is too easy to make the association with insanity. After all, in order to receive medical treatment to transition gender, one has to be labeled as mentally ill. Certainly, family members, friends, and coworkers might question your sanity. When your daily experience is that people label you "sick," and see you as different, strange, and in need of explanation, it's hard to feel yourself whole. After all, you've been told your whole life that wanting to be a woman, insisting that you are a woman, is really, really crazy. How could you decide to become a woman, and not question, at least sometimes, whether they are right?

Complicating the external realities is that during transition, when you look at yourself in the mirror, you look rather strange to yourself. Your body is changing, albeit in ways you desire, and you are watching yourself literally morph into a different physical presence in the world. This may be awesome, frightening, powerful, and freeing, but it is not "normal," as in a common and usual, experience. For the most part, we are often alone with these changes, and loneliness often breeds fears and confusion.

Transitioning, no matter how much we may long for it, work for it, and love it, is incredibly difficult and challenging. What are the "normal" developmental milestones in this process? (Do we view temper tantrums in small children or moodiness in adolescents as "abnormal," or do we see them as regular growing pains associated with huge physical, emotional, and cognitive changes?) Even adults have normative developmental processes—becoming a parent, taking a first "real" job—and predictable behaviors associated with those transitions.

In my opinion, doubt, fear, and questioning whether you've made the right decision are perfectly normal developmental processes for people changing their sex. Unfortunately, the medical and psychiatric fields have made it difficult for people to admit to their fears and concerns. After all, how do you know that by talking about these fears with your providers, s/he won't withdraw your hormones? Indeed, many clinicians believe you should be beyond any fears or second thoughts by the time you start transition, or perhaps they believe that your concerns are a sign that you aren't "really" transsexual or appropriate for treatment. I think it essential to have a trusting relationship with your providers so you can talk honestly about your fears: fears of not passing, fears of losing family, fears of anti-trans violence, fears that you are really bonkers and this is some psychotic fantasy. These are, normal, typical, average, and predictable fears for anyone going through a major life-altering experience.

Unfortunately, the medical and psychiatric fields have made it difficult for people to admit to their fears and concerns.

If your fears are more than fleeting, and you find yourself ruminating and worrying about your transition, it might be a sign that you need to slow down, move slower, or re-evaluate your goals. Sometimes people really do change their mind mid-way through the process. Frankly, that's why the process takes time, so you can continue to reflect on it while the changes are still reversible. There is no failure in saying "This is not the path for me" or "I want to go part-way, but not all the way."

I also need to suggest that the search for "normalcy" may be a dead end in and of itself. Perhaps a life of "fitting in"

sounds kind of cozy when the alternative is standing out. But I personally have always chosen to grow fully out of the edges of my being, and that means I rarely "fit in" neatly to anyone else's boxes. Most people that have made a difference on this planet are people who defy definitions of normality. Was Albert Einstein normal, or was it exactly the distance he traveled (light years) away from normal that made him unique?

I suggest you learn to revel in all your differentness, your uniqueness, and celebrate this journey you are traveling. It may not be the common one, the usual and typical one, or the one most traveled, but would you seriously have chosen a more sane life, a more stable life, a more normal one?

Arlene (Ari) Istar Lev, *CSW-R, CASAC, is a family therapist and gender specialist, and is founder of Choices Counseling and Consulting in Albany, NY. She is a Board Member of the Family Pride Coalition, and the author of the newly released* Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families *(Haworth Press, 2004). She can be reached at info@choicesconsulting.com.*

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The Feminist Crossdresser

Part 2 of 2

Miqqi Alicia Gilbert, Ph.D.

How can a crossdresser be a feminist? Well, on the one hand that's a silly question. He can be a feminist in the same way any other man can. But if he has the will, the crossdresser can go even further. The crossdresser who is willing to reflect on the realities as well as the fantasies of womanhood can have insights that are not available to many men. These insights range from an intimate awareness of the discomfort of high heels to a shared sense of vulnerability, fear, and danger when out alone at night.

Let's begin with the simple. Every crossdresser, especially when young, loves high heels. There's something sexy, erotic, about wearing shoes that are so obviously female and that form your body into a definitely female poise. Many of us also have good legs, and the compliments you receive are certainly welcome. But as you know, there's another side to high heels: after a while, they hurt. What must it be like to have to wear high heels all the time? Many women have jobs, for example in a corporate milieu, where it is expected that they'll wear heels, and in some instances, for example, as a dining room hostess, it is required. How sexy is it to have to wear heels, to have to stand around in three-inch heels, no matter how much your feet hurt? The crossdresser has the chance to think about this, to know from experience just how uncomfortable it can be.

What makes the crossdresser a feminist is when he begins to think about the compulsion aspect of women's clothing. "Wearing heels," to quote myself, "and having to wear heels are very different things."

The same sort of reasoning holds for many articles of female clothing. You may find the feel of a brassiere exciting; I know it is to me. It may be your favorite trigger for feeling womanly, but you don't *have* to wear one all the time. In our culture it is considered slutty or provocative or gauche for a woman not to wear a bra. It is even argued that it is unhealthy (which is strange, given how many women in the world don't own one). The average crossdresser doesn't think about the reality of this, doesn't consider how it feels having those straps biting into your shoulders all the time you're out in public, or what it means to have your breasts pushed forward, the better to display them. These coercive aspects of women's clothing have important social and political implications. The feminist crossdresser will think about them, will consider the realities as well as enjoy the emotional charge.

Clothing differences between men and women have profound significance for feminist thinking. Much of womens' clothing, and especially that sort of clothing embraced by many crossdressers, is oriented to display. If you've read me before, you know my favorite examples are award shows like the Oscars. At those shows, every man is covered from neck to toe, and virtually every woman is displaying a large amount of flesh, including décolletage, legs, neck, and arms. Exceptions to this are allowed for age and some idiosyncratic personalities (e.g., Diane Keaton), but the vast majority put themselves, and are expected to put themselves, on display.

OK, so the average crossdresser watches the Oscars and experiences not feminist rage, but envy. I understand. The Fashion Show at Fantasia Fair always has a good number of gals eager to participate and be on display, and yours truly is the perennial emcee. But the feminist crossdresser considers the significance of having no choice, of having to be sexy and on display or risk being condemned and even ridiculed. This doesn't mean you can't have fun, but it does mean you ought reflect on the underside of those activities you enjoy so much.

At this point you may be thinking about the women you know who are clear that they enjoy getting all dolled up and looking hot; they find male attention welcome in those situations, and would feel bad if they weren't noticed. That's true. I would venture that the majority of women in Western cultures at least sometimes enjoy the experience of feeling and appearing attractive. But wait! First of all, look at the common and ordinary expression I chose: "all dolled up." Men don't get dolled up, women do. And what are dolls? They are objects, playthings, toys, and most definitely in the world of children, specifically, little girls.

Women, also, are judged much more frequently and much more harshly on their appearance than men. This means that getting it right, looking good, is a pressure most men don't have to bear. I know, and likely you do as well, that getting dressed and ready to go out when en femme takes far longer than when you're just a guy.

I am involved at work with a GBLT awareness program, and several times a year attend work dressed en femme to participate in a presentation. On those mornings I must get up an extra hour earlier, and not to spend time reading the newspaper. And that's just to dress in lady professor style, which doesn't call for a great deal of makeup and so on.

When you are at a crossdressing event and take your time in the morning, you might be late for the first 10 am workshop. Consider doing that when you have to be at work at 8 am every morning. The feminist crossdresser takes the time to think about that.

So one huge thing has to do with the difference between playing at something when you want to, and having to do that same thing day in and day out. I know that during Fantasia Fair I am en femme 24/7 for about eight days. Unlike some, I

don't "take a break," precisely because part of my experience is the sense of obligation, of not having a choice. When the time is up, and the week ends, there is as much relief at getting back into guy clothes and not having to fuss as there is disappointment that the fantasy has ended. Being able to rub and scratch my face, sit any way I choose, and get dressed in four minutes is a welcome relief to following the rules women live with all the time.

There is another arena of self consciousness that is open to the crossdresser—and in this case, the transsexual as well—that is very profound. This concerns the ideas of marginalization and vulnerability. Let's start with marginalization, the fact of not being considered, of being left on the side without a voice, without respect, and without the ability to make a difference. This has been the reality for the transgender world for a very long time. Only recently have we begun to be considered as people who are worthy and needful of concern. Our needs have forever been ignored, displaced, and designated low priority, not only by mainstream heterosexist society, but often by gay and lesbian society as well. We have been misunderstood, misinterpreted and dismissed by the likes of Janice Raymond and Bernice Hausman. Our rights have long been on a back burner because adding transgender rights to gay and lesbian rights "might slow down the gay rights movement." Forget that the "official" beginning of the gay rights movement, Stonewall, was a transgender uprising, or that the first same-sex marriages were between a genetic woman and a transwoman; forget also that trans people are regularly beaten, humiliated, and murdered. Dealing with us is hard and makes people uncomfortable, so we are pushed aside.

Better yet, don't forget any of that. Better yet, realize that it is exactly what women have gone through for centuries. For women, the acquisition of status and rights has been a slow and arduous process that has not yet been completed even in the most advanced societies. In the less advanced, women are no more than chattel, whose rights and needs need not be considered at all. The crossdresser needs to understand that his own sense of frustration at having to hide and be ashamed is similar to the aspirations of millions of women who also must suppress their desires, hide their true nature, and follow a multitude of rules not of their own making. The crossdresser who bemoans his inability to dress as he pleases is echoing the plaint of a multitude of women forced to wear veils, burqas, headdresses, or, for that matter, micro-mini cocktail waitress outfits.

You know as a crossdresser that going out dressed means you are risking a beating at the hands of intolerant men because you are not following the rules of the dress code. Then think about the women who must follow a dress code or risk being beaten by religious zealots. Then think about the women who are raped, and how still today their violators are excused because these women were dressed "provocatively."

Which brings us to the sense of vulnerability, the feeling when you are sitting at home alone, all dressed up and minding your own business, when there is a sudden sound outside, or a knock at the door. Your stomach lurches as the shot of adrenaline races throughout your system because suddenly you may not be safe, suddenly your carefully guarded sanctuary might be invaded. Or think about the times when you are walking on your own, perhaps from your car to a meeting or an event at a restaurant, and you see a couple of guys coming your way. You try to act natural, confident. You avoid eye contact and hope they will ignore you. Maybe you surreptitiously look around for help or an escape. If they make a comment, you keep walking carefully at the same pace, not wanting to signal fear or in any way enrage them. You know that feeling because it has happened to every crossdresser who has ventured out of his house. And it happens to every woman all the time.

The feminist crossdresser is a man who takes his own experience and uses it to open a window into life on the other side. He enjoys himself as a crossdresser (and, hopefully, as a man), but he also works at taking a mature and serious look at the reality of being a woman, as well as the fantasy he enjoys playing out. Most of us have, or have had, a "grass is greener" attitude to women. That part of us that embraces things feminine is often very selective and chooses those bits we experience as fun or interesting or sexy. When we stop to think, when we take a look at the realities, then the difficulties, issues, responsibilities, and burdens of womanhood play their role in our psyches as well. That's when you can become a feminist crossdresser.

Miqqi Alicia Gilbert, *Ph.D., is a professor of philosophy at York University in Toronto, Canada. She writes, "As always, your feedback is important to me. I need to know you're out there. Please drop a line to miqqi@gilbert1.net, and send your stories to the same address."*

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Growing Up Transgender

by Judy Osborne

"When the child emerges into the world, every physical movement and spoken word, every toy touched and game imag-ined, are colored by the power of gender role expectations. The taboos are power-ful, and they can be viciously enforced"

—Phyllis Burke, Gender Shock

Many of us can't remember a time when we didn't want to violate gender taboos. Around four or five we came to realize we were forbidden to do things which seemed natural. The stark recollection we share is a sense of prohibition and fear. Some stern authority had conditioned us to deny our gender instincts before our memories began recording our histories.

Childhood can be a gray time for transgender kids. We learn to monitor ourselves relentlessly to avoid getting beaten up, punished, or denied freedom and privileges. We hide our gender incongruity successfully sometimes but are diminished by the effort. A person can't live with a secret elephant like that without giving immense effort to finding places to hide it, arranging to feed it, giving it whatever love can be spared, shooing it away when it's inconvenient, and creating phony explanations when it's noticed by another. The effort comes right out of childhood, and shame and secrecy steal another measure. One simply can't conceal such an important secret from friends, family, even from oneself, and evolve into a warm, caring and authentic person.

Early childhood holds special hazards for transgender boys. Young girls doing boy things are more tolerated than feminine boys. Social taboos usually don't oppress transgender girls until a bit later.

Drawn naturally toward girls' circles, little transgender boys quickly find parents disapproving of "sissy" pursuits, girls excluding them from play and conversation, and boys ridiculing the efforts. Although not much attracts transgender boys into rough and tumble play and boys' focus on cars and sports, it's the one community available if only they can resign themselves enough to blend in. Many of our kids become invisible, an unknown number remaining so for life (we know because lots of others finally get around to joining transgender groups after retirement and/or the death of a spouse). The effort it takes transgender boys to bend themselves into conformity with masculine norms heightens their sense of differentness. They find a way to live but it's not much fun.

Transgender kids sneak gender fulfillment, wherever they can find it. Boys raid sisters' and mother's closets when nobody is home and put everything back neatly as they found it. Girls happily go on wearing jeans and tees and playing "boy" games. Transgender adults sometimes swap stories about how we, as children, found politically correct ways to show up in some semblance of the opposite gender. Before my voice changed I sang with the girls in a church choir wearing one of those cute little white frocks. I schemed to play "Madame Knowitalski" in a minstrel show. Transgender people almost universally cherish fond memories of Halloween.

The onset of puberty presents nightmarish mental and physical hazards to transgender boys and girls in roughly equal measures. Girls' happy camaraderie with the boys ends abruptly when sexual differentiation gets in the way. Mothers begin trotting out frilly dresses and fretting about daughters' boyish pursuits. Boys lose the more or less feminine physical characteristics they secretly cherished through childhood. The comforting delusion of growing up into the "correct" gender vanishes as voices deepen, menstruation starts, hair shows up in the wrong places, breasts develop, and erections thrust a dramatic symbol of maleness into the fore.

A clear majority of transgender youth of both genetic sexes find themselves sexually attracted to females. Lives become even more incoherent as girls struggle with same-sex attraction and boys, continuing to identify secretly as girls, try to factor into their confusion the urgency of a testosterone-induced lust for girls.

Transiting even a garden-variety puberty can be challenging and confusing. Add to that turmoil the bewilderment and panic of gender and sexual nonconformity at a time when sex and conformity are the two most important things in life, and one may find transgender kids acting out conflicts in ways even more bizarre than normal teens. Some flaunt their differentness, some withdraw, some conform to the norms of their peers at great personal cost, some find that drugs and alcohol help ease the pain, some act as extreme versions of their genetic sex, some overachieve, some drop out, some leave home and become street kids, and some boys act in super-macho and bigoted ways. Most go through a succession of such reactions as they flail about trying to find a safe place to exist.

Almost all transgender people describe having considered suicide at some painful time, often during puberty. Nobody knows how many succeed. Closeted transgender people apparently feel too ashamed to leave information like that behind.

The cure for all this pain is within reach. Like everybody else, transgender people crave acceptance and a loving community—with that behind us we can begin to heal.

More and more transgender teens are gathering in urban pockets of alternative life and creating a healing community. I listened to four delightful, open, warm and thoughtful young transgender people discuss the things they would like therapists to know about their needs and issues. They were gathered in Seattle's Capital Hill district for a weekly transgender session at Lambert House, a resource center for gay, lesbian, bisexual and transgender youth.

Next month we'll consider their thoughts and needs; then talk with some of the talented and caring professionals who work with transgender youth.

I hope you are finding this information interesting and useful. You're welcome to contact me at heyjude@eskimo.com.

Transcending Genders

A look into transgender lives for mental-health therapists.

Reluctant Activism

By Donna Rose

In all my life, I never considered myself to be an activist. The word just seemed to have so many connotations that I really didn't feel applied to me (not unlike being transsexual). It's a role I never imagined for myself, but one I am apparently well-equipped to play, if for no other reason than I have newly-discovered passions that need direction. I find I cannot turn a blind eye to some of the things I see happening around me, to people like me: violence, injustice, discrimination, and any number of other indignities that are pushed upon us by a world that sits in judgment.

I consider myself a reluctant activist because my life would be easier—far easier—if I didn't have to do be involved. I wish we lived in a world where life was fair and good and people didn't need to stand up for higher ideals. But we don't, so each of us faces our own personal decisions about what to do about that. I do the things I do because they need doing, and because I've reached a point in my personal maturity where I'm ready to be involved.

Part of my transitional awakening involved a newly discovered empathy for others like me, a slowly emerging realization that things that affect one affect all. In the process, I have come to a sense of peace that I have a role to play outside of myself to change things: in a bigger picture, for a greater good. In fact, I'd argue that this deeply-held connection to others is the root of community more than any one similarity or shared experience.

My personal flavor of activism doesn't involve too much yelling or in-your-face politicking. That's just not my style. I'm a pragmatist, and I understand the strategic value of aligning with others who have similar beliefs and passions, and whose tactics are a little more subtle. I far prefer working behind the scenes—creating strategy, establishing relationships, educating. My dad used to tell me, "It's not how much force you use; it's where you apply it that counts." And although I'd still rather not have to be active, I've made some tremendous friends and connections with others who have heeded the same calling.

It is in that context that I share the following story:

As I arrived in Denver for the Colorado Gold Rush conference, I saw the most recent Tapestry *(#107) sitting on the registration table. I noticed the familiar symbol of the Human Rights Campaign (HRC), a royal blue square with a bold yellow equal sign on it, with a big question mark superimposed over it. I do quite a bit of work with HRC, and there has certainly been some history between HRC and the trans community, so I was eager to read the article inside.*

What I read made me furious. I wrote to the author to express my unhappiness with the article:

"I am at Gold Rush in Denver this weekend and am reading your column titled 'Can't Teach an Old HRC New Tricks' in the Fall/Winter edition of Tapestry. *I just want you to know that I'll be preparing a response. I find the information in it to be misleading and generally wrong. Furthermore, your piece does not include the more important information that a group of us were invited to speak to the board. I find editorials like yours to be detrimental and ultimately harmful to our community, and they cannot pass unchallenged.*

"To think that the six or eight protesters standing peacefully in front of the HRC building made anyone nervous would be ludicrous. I know. I was there. Were you?

"HRC is used to having thousands of people picket them—do you think a half-dozen people standing outside meant anything? Frankly, the message here was more about apathy than anything—that the call to arms went out and only a handful of our community answered. My hat goes out to the hardy souls who came from around the country to be there.

"Inside that building, a group of ten of us were invited to speak to both the HRC Board and to the Board of Governors. We presented a slide deck to explain why supporting only trans-inclusive discrimination legislation on Capitol Hill made sense. The fact that this group was given center stage—right in the middle of election year planning—is indication that HRC wants to be educated. They wanted to do the right thing. And frankly, in the end, they did.

"After HRC announced their policy change, they invited the protesters inside to have lunch with the rest of the Board. It was a conciliatory gesture that cannot be overlooked. Those who were there—who voiced opposition to HRC in the past (Rebecca Juro, Ethan St. Pierre) can attest to this. It was the beginning of a new relationship between HRC and the trans community. And misleading columns like this just try to drag us back again. I'm here to tell you that if I have anything to do with it, we will NOT go back.

"In the past year HRC has done any number of things that directly support the trans community. They published the Transgender Tool for Managers *booklet. They co-sponsored a Transgender Issues in the Workplace seminar in Seattle. They added two respected members of our community to the Business Council. They helped untold number of companies add protection for gender identity and expression in their discrimination policies, and we're looking to raise the bar even higher in the 2006 version of the Corporate Equality Index.*

"How do you expect HRC to understand our community's issues if you do your best to smear them with half-truths? The way HRC becomes more trans-friendly is by the trans community becoming actively involved, not by lobbing potshots from the sidelines.

"At the end of your column you say that HRC has their priorities bass-ackwards. Frankly, I think that statement represents some in our community far more than it does HRC."

To make things worse, in her reply the author admitted that the article had been written in July, before the meeting she writes about even happened!

I'm not here to sell the trans community on HRC, or on anything else for that matter. I like to believe that both individually and collectively we can make up our own minds on things that affect us. But we can't do that if we're fed misinformation instead of good, solid fact.

Our community faces a number of daunting challenges: social challenges, workplace challenges, legislative challenges, spiritual challenges, cultural challenges—a myriad of things need to be addressed on a grand scale. And, as significant as any of these issues may be for us, perhaps the biggest issue we face comes from inside ourselves. It's apathy.

Current trends in America are a threat to each and every one of us. Although most of us realize that we're no threat to "traditional values," there's a big world out there that would disagree. Each of us needs to understand that we've got two choices: to accept that and to hide in the hopes that we won't be found, or to get involved to at least a minimal degree in an attempt to change things.

I firmly believe that the next step in our evolution as a community is to develop partnerships with groups whose agenda is larger and perhaps more diverse than our own. Those relationships are difficult to forge, as some would perceive us as a liability or a risk not worth taking. Few are willing to go out on a limb for us. There are those in our own community who would refuse to compromise their own strategic objectives for the sake of some larger good. All in all, establishing an effective working relationship based on understanding and trust is a difficult challenge, but it's one we must overcome to move forward.

I'm well aware that our community has had some rocky history with any number of GLBT organizations, including the Human Rights Campaign. We need to move past that; we need to let the past be the past. We need to own today and beyond—helping to shape the relationships and change the direction through actions, not words. We need to ensure that groups who claim to be our friends are held accountable. And, we need to stop complaining and start participating; as out and proud transgendered Americans.

The root of the word activist is active, or action. It is not a passive word. It requires people to actually do something. That "something" is up to each and every one of us. Support can be anything from providing financial support (most organizations ask only $35 or $40 to become a member), to attending a fundraising dinner, to volunteering at an event, to taking an active role in the leadership of the group. There is some level of participation available for anyone and everyone—a level that will protect your anonymity and that will allow you to be as out as you feel comfortable being.

As for myself, I actively support a number of organizations by donating time, energy, and money. I don't limit my energies to just one. Some are internal to the trans community while others are larger organizations spanning the entire GLBT spectrum. Some are local, while others are national. The thing they all have in common is that all are aligned with my own personal progressive beliefs, and in one way or another represent me.

Commitment is a two-way street. If you expect some larger organization to make a commitment to support you and address your issues, then you need to be ready to make some kind of commitment in return. Everyone needs to have some skin in the game. The way to get action is to work from the inside out. In the process, you may find it to be a surprisingly enriching and rewarding experience.

As for the article that started all of this, it's just plain wrong. I work with the Boards, the staff, and the volunteers at HRC on a regular basis. It's a tremendously dynamic and exciting group of people, and I'm absolutely confident that the heart and soul of HRC is committed to more than simply taking our membership dollars. They want to educate America about the issues facing the transgender community. They want our input. They want our participation. They want our leadership and our courage. The key for all of us is to find our commonality—and not our differences. When we do that, don't be surprised to find that we want the same things that they want: equality. So I support them, and in the process I set high standards both for myself and for them.

I was honored to be part of a small group that was chosen to select the next Executive Director of the Human Rights Campaign. As the only openly transgendered member of the search committee, part of my role in this critical effort was to ensure that the new leader not only understands our issues, but empathizes with our needs. He does, and those who don't believe that can ask him themselves.

It takes extraordinary courage and strength to successfully navigate the challenges posed by being transgendered. I encourage each of us to find groups who represent our own ideals, and to support them with our leadership and our energy. Collectively, the message will be clear. We want to be included. We want to help. We want to educate. We're not afraid. And perhaps most importantly, we deserve the same things everyone else is fighting for: equality, dignity, pride, and peace.

Donna Rose *can be contacted at donna@donnorose.com.*

Your editor and the author of the article in question have praised HRC for its recent actions, but maintain a healthy skepticism.

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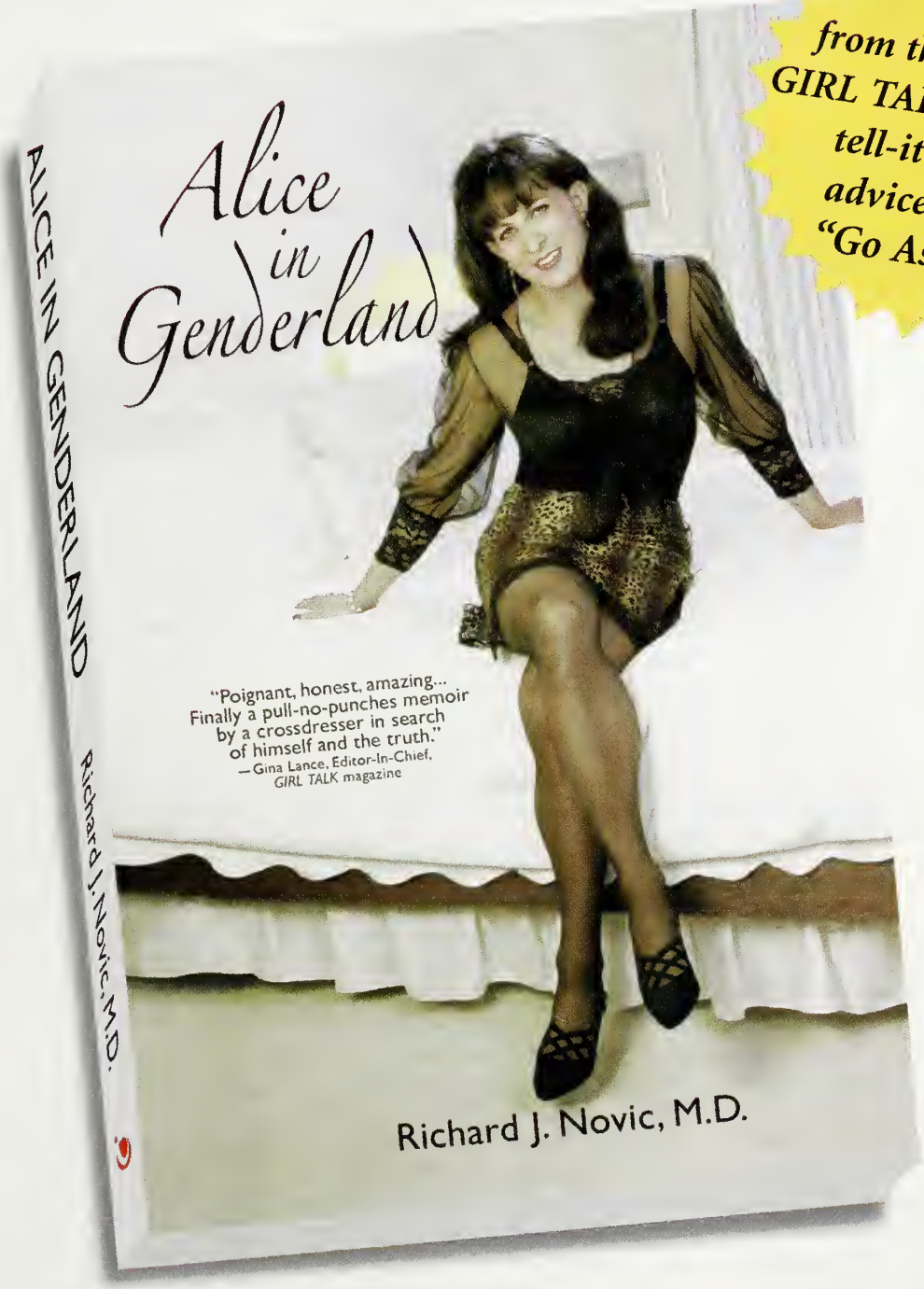

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Trans History Made in Ann Arbor

By Sandra Cole, Ph.D.
Photos by Theodore Cole, M.D.

Left to right: Frederic MacDonald-Dennis, Kelly Garrett, Sandra Cole, Dallas Denny, Julie Herrada.

The day of March 23, 2004 was sunny and unusually warm in Ann Arbor, Michigan. Dallas Denny was the special guest of honor at the University of Michigan on this day. As she approached the Harlan Hatcher Graduate Library on central campus, she reflected back to when she was fourteen years old, "scared to death," trying to look up the words *transvestite* and *transsexual* in the card catalogue of the public library in the small southern town in which she lived. That search yielded two books, neither of which could be located. She remembered that "around 1975, I was in the bookstore of my college and happened upon a compendium of underground comics that included a story about a San Francisco transsexual. I had little money to spare for nonessentials, so I didn't buy it, and more's the pity, because for nearly twenty years, it was the only piece of literature I was able to find that depicted transsexuals as anything other than desperately unhappy, mentally deranged, or woefully sinful."

It wasn't until "the fall of 1988 that I finally made contact with the forming transgender community... and through my new contacts, I at long last had access to the information I had been seeking for so many years." Dallas soon became an activist in that same community. Soon, she "was coming to realize the transgender community had little sense of its history. A few organizations and individuals had been wise enough to donate archival materials to universities and nonprofits, but for the most part transgender historical materials were being discarded and destroyed on a daily basis."

We entered the beautiful historical Graduate Library, talking quietly about our memories of ten and twenty years ago, when things were so different, isolated, and lonely for many in the transgender community. As Dallas rode in the elevator to the top floor where the reception and Dedication of the National Transgender Library & Archive was to be held, she wistfully reflected back on her long personal journey and how she had "not forgotten how difficult it had been to come by information, and how difficult it had been to make sense of my life in an intellectual vacuum." Thus, in 1990 she created the nonprofit American Educational Gender Information Service and began cataloging her growing private collection as well as "every piece of transgender-themed material I came across." With encouragement from Vern Bullough, renowned sexologist and historian, Dallas' *Gender Dysphoria: A Guide to Research* was published in 1994 by Garland Press. She later wrote, "It represented the very thing my fourteen-year-old self had been seeking—access to information."

For many university administrators, faculty, staff, and students, it was an exceptionally important invitation to attend the afternoon Reception and Dedication of the National Transgender Library & Archive, which has been donated to the Labadie Collection, Special Collections Library of the University of Michigan Library System by Gender Education & Advocacy, Inc., AEGIS' successor organization.

GEA is a virtual organization (meaning its primary existence is on-line), a national non-profit 501(c)3 corporation focused on the needs, issues, and concerns of gender-variant people in human society. GEA is particularly concerned with "non-political" advocacy, the kind of educational work that is needed to inform local, regional, national, and international policy, and all political decision-making. GEA's administration understands there is a need for sustained, comprehensive, and deliberate efforts in such areas as the improvement of transgender-related health care, HIV/AIDS education and prevention, health insurance coverage, education and credentialing of health care providers, and monitoring and responding to defamatory coverage of transgender issues in the media, and particularly monitoring violence done to transgendered people GEA is also concerned with the preservation of transgender history and the encouragement of respectful and accurate scholarship about and within the transgender movement and community (Green, 2004).

This vast NTL&A library was originally a division of AEGIS, which was founded by Dallas in 1990 and directed by her for almost a decade before its close in 1998. The NTL&A was boxed and put in storage during AEGIS' metamorphosis into a new nonprofit organization. From the ashes of AEGIS, Gender Education & Advocacy was founded on January 1, 2000. Dallas, a founding member, requested that GEA accept the AEGIS library collection and assume the responsibility of creating a nationwide search for the best repository for its permanent home. Jamison Green, Board Chair of GEA, wrote in the NTL&A Dedication Program Book: "No funds were solicited in exchange for the materials, only the assurance that the collection would be properly maintained and maximally available to any researcher." GEA sought to identify and donate the NTL&A to a qualified host institution that would provide permanent safe housing, funding security, and a professional library staff to curate, catalog, maintain, and protect this unique library. Through this donation to the selected institution, the NTL&A would be made readily accessible on site to researchers, scholars, students and the public, as well as listing the holdings through MIRLYN, the Library's online catalog on the World Wide Web. (http://www.lib.umich.edu/mirlyn/mirlynpage.html). (Searching for the word transgender on MIRLYN returns more than 1300 catalogued items—a far cry from the two titles Dallas found on her first journey to a library).

A vigorous national search was conducted, a comprehensive assessment and evaluation instrument was drawn up, and the process of institution application and selection began. Thirteen eligible nationally prestigious institutions submitted

excellent challenging and competitive applications.

The final decision was made to award the NTL&A to the Labadie Collection of the Special Collections Library, a part of the Harlan Hatcher Graduate Library, University of Michigan Library System. The Labadie Collection is renowned for its collections of various social justice movements. Green further writes, "If there is a distinct political feature of the NTL&A collection, it is the voice of an aspect of humanity that has long been marginalized, misunderstood, and oppressed."

Julie Herrada, Curator of the Labadie, writes, "The NTL&A was awarded to the University of Michigan because of our demonstrated commitment to preservation and access for research materials on controversial subjects, stewardship and research support for radical and controversial materials, as well as our geographic accessibility and clearly defined anti-discrimination policies regarding both sexual orientation and gender identity (policies are also in place in the city of Ann Arbor)."

The 150-year-old U of M Library holdings are extensive, with five major libraries on campus, including Taubman Medical, Social Work, Public Health, Graduate, Undergraduate, and Special Collections, as well as special historical libraries. On the application to GEA for the library donation, the University demonstrated significant existing holdings on gay, lesbian, and bisexual populations, as well as substantial inventory of holdings of the transgender community literature. The University's commitment to diversity is strong, and so is its commitment and actions to increase the visibility and well-being of the transgender community.

Professor Sondra Cole, Ph.D., moderator of program and GEA founding Board Member.

Jamison Green further commented in the program book, "GEA is proud of the longstanding efforts of members of the communities of gender-variant people to live freely and to obtain equality under the law. GEA is also proud of its association with the Labadie Collection of the University of Michigan, and grateful for that institution's concern and respectful treatment of the records of our lives."

When the NTL&A was awarded to the U of M, it was agreed that any materials in the NTL&A that duplicated those already in the U of M Library System were to be donated to the Center for the Study of Sexual Minorities at the GLBT Historical Society of Northern California in San Francisco.

In September 2000, Julie Herrada, Curator of the Labadie Collection, traveled to Atlanta to oversee the physical transfer of the NTL&A to Ann Arbor. Dallas describes the NTL&A as containing *"more than 1000 transgender-themed books published from the 1800s to the present. Some are private or obscure printings or special editions, and some are signed by the authors. There are runs of many years of magazines, newsletters, journals, and newspapers, and clippings dating from the early 20th century. There are garments, including the infamous Transexual Menace t-shirt and two pairs of shoes worn by transgenderist Virginia Prince some 50 years ago. The collection includes lapel pins and buttons, awards, flyers and brochures, name badges, program books, signs, audiocassette tapes, handouts from conferences, and questionnaires. There are programs from night clubs, playbills, publicity photos from films, old postcards and tintypes, calendars, comic books, sheet music, and greeting cards. There are any number of unpublished manuscripts, original artwork, LPs and video tapes and video disks, movie posters, bumper stickers, mugs, bottles of wine, and key chains and other giveaways. There are packets containing personal histories, and oral histories recorded on tape. If it has a transgender theme and I came across it, it's in the collection.*

"The NTL&A also contains the corporate files of AEGIS; this includes file copies of all publications, publicity material, and a huge correspondence. Of particular note are thousands of typed and handwritten, often desperate, requests for help and information. Due to the sensitive and private nature of some of these materials, access is restricted to selected documents."

U of M Provost Paul Courant, Ph.D., reading President Coleman's greetings and giving his own supportive remarks.

In July 2001, Dallas flew to Ann Arbor to visit the collection. She wrote, "The many books were already in the stacks and in the university library computer system; to my amazement, a computer search of the words National Transgender Library initially brought up a thousand books—today more than 1200 titles appear. Scholars were already visiting and utilizing the collection. By 2003, the entire collection had been catalogued, an amazing feat."

Dallas also wrote, "The Labadie's aggressive cataloguing, sensitivity to issues of privacy in personal correspondence, and sincere appreciation of the NTL&A materials have convinced me the GEA board made a wise decision—one which benefits the entire transgender community."

Guests soon arrived at the Graduate Library Special Collections Suite and joined the reception, enjoying refreshments and mingling in the exhibit viewing room where a representative NTL&A exhibit had been created in the historical glass display cases. A special library booklet had been prepared describing "New Arrivals," which included a description of the National Transgender Library & Archive. In a subsequent article in the Ann Arbor Observer, a reporter noted that *"Denny's own favorite item is a 1953 nightclub program from Madame Arthur's, the Parisian transvestite cabaret. Herrada points out a pair of narrow, black, high-heeled sandals with peach rosettes that once were worn by Virginia Prince. Now in her nineties, Prince is known as the 'godmother' of M-to-F cross-dressers."*

Following the reception, the NTL&A dedication program consisted of several university and state officials who made poignant statements of appreciation,

concluding with remarks from the guest of honor, Ms. Denny. Co-sponsors of the dedication were the Labadie Special Collections (www.lib.umich.edu/spec-coll/labadie/labadie.html), Gender Education & Advocacy (www.gender.org) and the U M's Office of Lesbian Gay Bisexual & Transgender Affairs (www.umich.edu/~inqueery). The organizing committee included Sandra Cole, Ph.D., U of M Professor, sexologist, gender specialist, and founding member of GEA; Kelly Garrett, Assistant Director of the Office of LGBT Affairs; and Julie Herrada, Curator, Labadie Collection, U of M Library System. A special thanks was extended to Lavender Information Library Association (LILA) (www.si.umich.edu/LILA/) for their ongoing assistance with the project.

Head of Special Collections, Peggy Daub, Ph.D., welcomed the guests to the Library and the occasion, followed by Julie Herrada, M.S.L.S., Curator, Labadie Collection, who spoke about the formidable responsibilities in the preparation of the NTL&A to be housed in the library system. She acknowledged all the university libraries and staff involved in the preparation, noting that high priority had been placed on the NTL&A collection to assure that its availability to the public would be realized within the first two years. Customarily with collections this size, preparation can easily take several years to completion, but with the efforts of dedicated staff and students, remarkable progress had been made to complete the cataloging of the NTL&A.

Frederic MacDonald-Dennis, M.A., Director, Office of LGBT Affairs, discussed the comprehensive efforts on this vast campus to provide a welcoming, respectful, and nonjudgmental environment for all students and how important this acquisition will be toward that objective.

Dallas Denny, MA, guest of honor, and founding GEA Board member, viewing on exhibit case of part of NTL&A Collection.

Professor Sandra Cole, Founder (ret.) of the U of M Health System Comprehensive Gender Services Program and GEA Board Member, welcomed everyone, remarking *"The significant history of the emergence and presence of the transgender community over the past few decades and its quest for civil rights and social justice nationally and worldwide is well-documented in our contemporary culture, and history continues to be made daily as the momentum for acceptance of this heretofore disenfranchised and underserved part of our population progresses.*

"This University and our Michigan community colleagues are proud and united that all may live full lives with dignity and integrity. I am privileged to have had the opportunity during the past twenty-two years to participate in this process of social change for society and the transgender community nationally, regionally, and locally. The University is to be commended for its integrity and continued commitment to diversity and the welfare of its students, staff and faculty."

An unanticipated pleasurable surprise in the program occurred with the arrival of Michigan State Senator, Liz Brater, who had left the Senate chambers in Lansing, the State Capital, to attend the dedication. Although initially invited to attend and speak, both she and we fully anticipated that she would not be able, as the Senate was in session. Welcomed to the podium, Senator Brater made strong and supportive remarks about this new acquisition to the library, and personally gave sincere acknowledgment to Dallas for her work over the years. She then read and presented a large framed Special Tribute Certificate from the Michigan government to the Labadie Special Collection and Dr. Daub, Head Librarian, which read:

National Transgender Library and Archive Acquisition Celebration

Let it be known... that it is both a pleasure and a privilege to share with you in celebration of the acquisition of the National Transgender Library and Archive. We are happy to offer our expressions of congratulations and tribute for the University of Michigan's successful bid for this highly prized collection of materials documenting the transgender movement.

"...In Special Tribute, therefore, this document is signed and dedicated to commemorate and celebrate the acquisition of this valuable set of research materials. We extend our congratulations for this exciting achievement."

Signed, Elizabeth S. Brater,
State Senator, The Eighteenth District
Chris Kolb, State Representative,
The Fifty-Third District
Jennifer M. Granholm, Governor
The Ninety-Second Legislature
at Lansing, March 25, 2004

Michigan State Senator, Elizabeth (Liz) Brater, presenting Governor's Special Tribute Certificate to Library.

In 1999, while still a member of the City Council of Ann Arbor, Chris Kolb, now State Representative, introduced the ordinance proposal for gender identity nondiscrimination inclusion into the City Charter. The proposal was put forth to Mr. Kolb by its authors, James Toy and Sandra Cole, residents of Ann Arbor. It passed unanimously after the required two municipal readings. Ann Arbor became the 28th city in the United States to include this wording in its nondiscrimination Ordinance. There are currently approximately 75 such cities in the United States..

U of M Provost Paul Courant, Ph.D., spoke next, commenting that his mother was a librarian, which afforded him the awareness of the work that is involved when a library receives new material. He stated, *"The collection reflects and suggests the breadth and depth of the transgender experience and affirms our sense that these materials belong here with other significant social protest movement collections.*

One of the responsibilities of the University, of any university, is the creation and transmission of knowledge. We also have the responsibility for the preservation of that knowledge. With only slight hyperbole, I can assert that we are responsible for understanding, or at least chronicling and

making accessible, the total of human knowledge and creative expression throughout all history. The National Transgender Library and Archive adds importantly to our ability to do that.

University of Michigan President Mary Sue Coleman, Ph.D. sent a letter to be read at the Dedication by Provost Courant. Prior university obligations required her to be out of state on this day.

Congratulations on the acquisition of the National Transgender Library and Archive for the Labadie Collection of the University Library. This archive represents an extensive addition to our collections, and will greatly assist scholars who are investigating the significant issues in this field.

I regret that my travel schedule prevents me from attending the ceremony celebrating this valuable acquisition, but on behalf of the University, I want to extend a warm welcome to your guest of honor, Dallas Denny, who created this archive. I also want to thank the sponsors of this event: the University Library; the Office of Lesbian, Gay, Bisexual and Transgender Affairs; and Gender Education & Advocacy, Inc.

The efforts of all of you are helping us become a campus community that is more aware of the diversity of experience and perspective that contributes to an intelligent and compassionate environment. I look forward to hearing about the research that will emanate from the newly acquired archive. Best wishes for a celebratory event!

In 1971, James Toy, MSW, founded the U of M Human Sexuality Office, the first such office to be established in any college or university in the country. That office is now named Office of LGBT Affairs. Speaking to the audience at the dedication, Mr. Toy's remarks were directed to the long history of difficulties experienced by people who identify as gender-variant. Reviewing historical events over the past 25 years of the gay pride movement and the recent societal emergence of the transgender movement in the last 15 years, his words were filled with compassion, honor, and respect for all those who have been isolated, disenfranchised, rejected, abused, and violated by ignorance, hate, and fear. His words of praise and respect for efforts toward social justice were emotionally strong, concluding with a poignant plea for tolerance and equity for mankind. The audience deeply respected Mr. Toy's moving remarks, resonating to all in that emotional moment.

James Toy, MSW, acclaimed Michigan human rights activist and founder in 1971 of present UofM LGBT Office.

Professor Bruce Frier, Ph.D., U of M Law School and Chair of the Provost Task Force on TGLB Concerns, discussed the status of the Final Report of the Task Force's work of the last year that evaluated the university climate and environment for transgender and gay, lesbian, bisexual students, staff, and faculty on all campuses. Professor Frier indicated that the report, with its comprehensive assessment and recommendations for full gender identity inclusion in the University Regental Bylaws of non-discrimination, has been processed through university administration and on to the President and the Board of Regents. These recommendations will be considered on the Regent's agenda in the Fall. Dr. Frier acknowledged the work of Dallas Denny, the NTLA acquisition, and Ms. Denny's effective consultation to the Task Force Leadership as the report was being developed.

As the dedication drew to a close, Dallas was invited to the podium to talk with the audience and comment on the day's events. She was gracious in thanking all who spoke, the planning committee, and the Labadie staff. Having made several trips over the last few years to visit the library, she remarked on how reassuring it is to know that this collection of transgender materials is in safe keeping. To the observer, it seemed as if her personal journey had culminated with great fulfillment, personal satisfaction and hope for those who would follow.

In conclusion, Sandra Cole, representing the Board of Directors of Gender Education & Advocacy presented an engraved plaque to the *Labadie Collection for the Preservation and Accessibility of the National Transgender Library and Archives, and an engraved plaque to Julie Harrada, Curator, Labadie Collection for her Dedication and Commitment to the Preservation of the NTL&A and to its Historical and Contemporary Significance.*

> "The collection reflects and suggests the breadth and depth of the transgender experience and affirms our sense that these materials belong here with other significant social protest movement collections."

As we left the Graduate Library at the end of this special afternoon event and strolled back across campus to the restaurant to meet friends and colleagues, I thought back on a comment Julie Herrada had included in the dedication of the Program Book. She wrote, "*It is certainly obvious to me now what a treasure this collection is, and what a wonderful treasure Dallas Denny is to the transgender community, as well as to the rest of us whose education and understanding about the issues facing transgendered people is essential to building a more enlightened world.*"

And I agree.

Dallas Denny, MA, final comments of appreciation and reflection of the significance of this memorable NTL&A day.

The Confessions of Frankenstein(GIRL)

by Diana Hignutt

A flash of lightning, and there I was—born of the tumultuous rhythm of the storm's intensity. At first, I remembered nothing of the darkness before. The light, the spark, and the loud crash of thunder that followed almost immediately were my first memories. A new creature.

You have heard my story before probably, read it, or seen a motion picture based on my friend Mary Shelley's fictionalized account of my adventures. Still, the times being what they were, and Mary (bless her soul) wanting to protect my identity, she changed several key points and accentuated other aspects of my tale that appealed to her, lest anyone should guess the truth. I feel at last that the time has come to tell my tale through a new biographer, if you will: one who seems to have the qualifications to understand my situation and explain it best to an audience that should be similarly imbued with a sympathetic ear. Diana assures me that this is so, and apologizes that she has only time enough for this quick correction to my legend, hinting that perhaps in the future my real tale can be more fully told.

To say that Victor Frankenstein was my creator is true only to a point. Our stories are far more intertwined than is implied by that simple relationship. Victor! How well I remember him still—a young man, studious, painfully shy, deeply passionate, brilliant, and so conflicted. A young man with a secret. A secret that was killing him. He was a medical student in Geneva; that part was true enough. Victor walked, stooped and lost in his own thoughts, through the streets of that great capital of learning, at the turn of the century, now two centuries ago. He fought and struggled with his secret, torn between pangs of guilt and hopelessness. He shared this secret with no one. How could he? His health began to suffer. Science now tells us that repression of strong emotions can manifest itself in physical symptoms. Victor became afflicted with attacks of acute pain in his intestines. Fevers would ravage his body and set him on the brink of death for weeks. Victor knew, even then, that it was his secret that was doing this to him. Or his denial of it.

It was during a lecture at the university that the idea that was to become his great plan first came to him. An off-hand comment by his philosophy of anatomy professor set the wheels of his mind in motion. Those thoughts turned and grew in young Victor's mind until there was only his obsession and his secret there. I tell you now that he was not really so preoccupied by the mission to bring life to dead matter. Yes, he did manage to achieve this, but it was only a means to an end for Victor. But I get ahead of myself.

> As the storm raged in its full fury around Victor's laboratory, he injected himself with a sedative and lowered himself into the empty tank ...

What was it that the professor said? I remember his very words, "One day, when superstition is divorced from science, mankind will move as gods through the corridors of eternity—bringing the dead to new life or transferring the consciousness to new, perfected bodies." These words gave Victor his first perception of potential salvation. And so began completely the union of Victor's secret and his obsession. He poured himself into his studies in medical sciences, anatomy, physics, and metaphysics. He read obscure texts on alchemy. He read the Qabalah. He converted his apartments in Geneva into a laboratory, spending every penny of his money on equipment for his experiments. He worked with fervor, bending every thought and the very force of his will on understanding the principles of life and consciousness, striving against the laws of nature themselves to achieve results never before seen and never since equaled. It occurs to me now that poor, tormented Victor as the prototype of the mad scientist is an apt metaphor for many of you reading this: suffering, guilt, and denial followed by hope, understanding, and an indomitable will to achieve impossible results—similarly perhaps, to the children of unrelenting obsession.

It was on the afternoon of October 31 that Victor saw the dead girl on the slab. He knew. This was she. How beautiful she was, even in the cold embrace of death. She had died on the operating table. An ambitious surgeon who was a colleague of our Victor had tried to save her and had failed.

Yes, it is true that the young Dr. Frankenstein did go to the cemetery that night and dug up her body. Yes, he did, with painstaking effort, stitch up the surgical wounds and set his work in a special suspension fluid. This much is also true.

The frost had settled heavily outside on that cold November morning when he finished this part of the work and set his "creature" into the tank. The fluids revitalized the tissues and held the body in readiness for the next phase. His "monster," you see, was no scarred, hideous thing, but a beautiful woman.

I should emphasize the solitary nature of this work. There was no hunchbacked assistant—that is a Hollywood fabrication. No, Victor had no such recourse for communication or human companionship. He was locked in a lonely existence with no one to share his progress or success, yet until the very end, he still moved here and there around the university, still attended the lectures, more a ghost than a member of the community. I cannot say how many hours of his lonely, self-imposed exile he sat in quiet contemplation of the lovely body in the tank, dreaming of an end to his torment.

By the time Victor was ready for the second phase of his work, his health had taken a turn for the worse. He moved in a fevered delirium, pale and undernour-

ished, bent with excruciating bouts of diverticulitis. He was not certain that he would survive to see his project completed. You cannot imagine his excitement as he heard the distant thunder announcing the approach of a lightning storm. He pushed his weakened body to the limits as he hurriedly completed his preparations.

As the storm raged in its full fury around Victor's laboratory, he injected himself with a sedative and lowered himself into the empty tank that was situated next to the tank with his "creature" inside. He turned the valve and began to fill his tank with another fluid. He allowed his tank to be filled so that just his nostrils were not submerged. And then he waited as drowsiness slowly entered his consciousness.

I will not bore you with the further details or the chemical composition of the fluid, or through what processes they performed their functions. Let me simply say that both solutions required the addition of electricity to activate. The last thing Victor heard before the sedative wrapped him in its sweet embrace was a crash of thunder, muffled by the fluid in his ears. He slipped into the soothing waters of darkness.

When I awoke, the tank I had been in was empty of fluid and the smell of burnt flesh accosted me. To say that I was disoriented would be a tremendous understatement. Slowly I sat up and examined my surroundings. The first thing I saw was Victor's body, burnt and lifeless, in the tank next to me. There was a sizzling sound and a few plumes of smoke rose from it. I regarded the body for a few moments. Victor gave everything that he was to create me. Every ounce of energy he possessed was given to me. I was the purpose of his existence and his ultimate fulfillment.

Slowly and awkwardly, I climbed from the tank and regarded myself in the full length mirror Victor had left for my use. I was thrilled by the incredible new sensations my female body was giving me. The process had made my new body grow taller than most women of the day. My size and a few scars on my breasts and abdomen were the only tell-tale signs that I was not the average woman. I spent a great deal of time in front of the mirror, staring at and exploring my new self. Some of you, perhaps, will understand

this feeling of birth into a new life, this sense of completeness and correctness that I felt so supremely.

Victor had left some women's clothing—undergarments, a dress, and shoes—nearby for me to find. He had not counted on the growth factor, and consequently the clothing fit somewhat tightly. Still, I was presentable, though my hair needed much work, and I spent some considerable time trying to make it presentable.

You have doubtlessly guessed Victor's secret by now. If not, I shall say it plainly for you—I was Victor Frankenstein. His obsession was not to create new life *per se*, but to create a new life for himself. A life without dysphoria, a life in which she could truly be herself, the person, she needed to be.

I left Geneva and returned to my home nestled in the mountains of Austria. It was with great nervousness that I approached my parents' estate. I was shaking. My niece was playing by herself out in the front lawn. I drew two deep breaths of clean mountain air and smiled as I neared her. She looked up as I stopped before her. Her eyes sparkled and she reflected my smile with one of her own. She invited me to play dolls with her just as the dog's barking drew my parents and my brother's wife from the house.

They looked upon me with no sense of recognition. How could they recognize me? I no longer looked like their loving son. Still, so great was my joy at my accomplishments and so eager was I to share my wondrous news, I ran to my mother's arms and wrapped her in my embrace.

"Mother," I cried in my happiness, "It's me, Victor!"

Shock and fear immediately took hold of my family. Clearly they believed me to be a madwoman. I urged them to remember things that only their Victor would know. Quickly, my sister-in-law grabbed the child, who looked still at me with love in her eyes.

Many words passed my parents' lips. Only one remains in my memory. My mother glared at me as though I were a hideous monster and screamed, "Abomination!" What pain there was in that word! My triumph turned to agony at this bitter rejection. With great sorrow in my heart, I left.

That sense of rejection was still so fresh in my soul when I met and told my story to Mrs. Shelley that it colored my narrative and no doubt caused her to tell my story in the format with which you are familiar. I wandered the world after that. Yes, I did become more immersed in the world around me than Victor had ever been, but still there was some loneliness in my heart. No one else could understand my situation. I received occasional looks of curiosity for my height, but over the years I've seen women get taller and taller and it is not now unusual for me to see some girls taller than myself.

I haven't aged since that day that Victor poured his soul into me. I have seen many changes in the world. I cannot tell you how happy I am to be no longer alone; a new community of people exists that I can feel a sort of kinship with. And to my great delight, this community is devoted to promoting education and understanding in the general public, so that one day none will suffer as we have suffered, nor will we be looked upon as monsters. To that end, I felt compelled to share my story.

With love, your sister (monster no more).

—Vicki Frankenstein
September 24, 2004

Diana Hignutt's *novels include the 2004 Spectrum Award-Nominated Moonsword and her new release, Empress of Clouds. She has been featured in newspapers, and has been interviewed on hundreds of radio stations across North America, and on national television programs, including The O'Reilly Factor and The Montel Williams Show.*

TAKE OFF YOUR KNICKERS!

Illustrated and written by Christine-Jane Wilson

Cartoonist Christine-Jane Wilson, who asked for more light material in Tapestry, *responded to our statement that the content of the magazine is a reflection of the materials we get. Here's what she sent us!*

Walking is more than just putting one foot in front of the other. There are considerable differences in gait between the male and female of the species. Males tend to take longer strides, swinging their legs from the hips. Women tend to take shorter steps, walking more from the waist, usually resulting in that attractive swing of the hips which men admire so much.

There is also a difference between the sexes in the way they sit down. Males have a distressing tendency to flop into a chair (particularly if it's a comfortable armchair) with their legs sprawled apart—which is, let's face it, extremely unladylike! Another perhaps even more hazardous habit is how they clamber into, or out of, their cars. In their normal trousered state, they usually achieve this by sticking one leg in (or out) first, followed by the other.

So when we are dressed en femme, there is always the danger that if we become just that little bit too relaxed we might do the same things. The resultant display of underwear might provide onlookers with some amusement, and can be a dead give-away of our true nature, with possibly disastrous consequences.

We all know that when we're *en femme*, we should behave like ladies, that we should take shorter steps and keep our toes in line, not pointing outwards. We know we should sink into a chair with our knees together, sit with knees together and legs at a slight angle, or maybe crossed in a ladylike manner at the ankles. When getting into a car, it should always be derriere first, then legs lifted again—once again, with knees in contact. Getting out should be done in a similar manner: swing out the feet (knees together!), then stand up. That way, we don't display our exquisite underwear to the passing throng.

But how can we train ourselves to do this without thinking, without the danger of a lapse of concentration which will give spectators a beautiful view of our lingerie?

Well, there is a ways to train yourself to do this without a second thought—a way to literally force yourself into the habit—just by wearing the appropriate clothing when you go out.

Let's look at the question of walking. Prepare yourself for your outing in the usual way, with a very close shave and careful makeup. Nice underwear with stockings, dress, or top and skirt. It doesn't matter what sort of skirt you wear, but the slip is important. This must be slim-fitting, just above the knees—this will prevent you from striding. Coupled with some nice high heels, it will force you to take shorter paces, taking greater care about how you plonk your feet down with each step. Quite easy, you see—the clothes dictate the manner!

When it comes to a modest demeanour when sitting or using cars, once again what you wear will provide the training. For these purposes, dispense with the slim slip. Prepare yourself for your outing in the same way as above, but this time make sure your dress and slip are fairly full or of A-line shape. The skirt should be somewhere between four and six inches above the knee—longer than this will not provide the necessary incentive, whilst shorter might make it impossible.

So, here you are, ready to go out: best undies, stockings and garters, a dress or skirt with a flirty swing to it which shows off your legs nicely, stiletto heels, makeup and hair perfect, handbag packed with all

the essentials. You're about to step out the front door.

There's just one thing to do before you leave home. Take off your knickers.

That's right! Get 'em off and leave them on the hallstand!

As soon as you step out the door, you'll become acutely conscious of the free flow of fresh air in unusual places! You'll maintain the short pace you became accustomed to with the earlier experiment, partly because you'll have acquired the habit, but also because you'll be afraid the swing of the skirt might be just that little bit too much to maintain your decorum. You'll also place your feet with great care, knowing what the outcome will be if you trip over a rough paving stone!

When you reach your car and open the door, you'll be aware that you must exercise maximum caution getting in, and when you reach your destination, you'll be equally conscious that you must be even more circumspect when you get out! First lesson learned!

Having reached your destination and dismounted (very carefully!) from your vehicle, you'll be able to acquire your expertise in sitting. Let's imagine you're in a crowded bar or club. Everybody's having an enjoyable time, drinking and chatting, and you're with a mixed group of friends, friends of those friends who you don't know so well, encircled by a roomful of strangers. The main danger points here are the extremes—the low sofa or armchair and the high bar stool.

Being excruciatingly aware of your knickerless condition, rest assured that you will keep your knees clamped together at all times ...

Being excruciatingly aware of your knickerless condition, rest assured that you will keep your knees clamped together at all times (Warning! once you have relaxed a bit, remember to cross your legs only at the ankle. Be particularly careful not to emulate Sharon Stone in that infamous leg-crossing scene in "Basic Instinct.")

If you're a masochist with a wry sense of adventure, you can try a variation on this outing. Pick a freezing and slightly breezy winter day. This time, don't leave only your knickers on the hallstand; leave your car in the garage. Walk down to the bus stop (keeping one hand free for the hem of your skirt to keep it from blowing up). When travelling on the subway, don't run up the escalators!

Waiting for a train on a drafty, freezing cold station platform, I'll guarantee you'll keep your legs firmly clamped together—not only to preserve your modesty, but to avoid the awful fate of the proverbial brass monkey!

If you should feel like trying it in the humid heat of August, you'll find the experience thoroughly enjoyable. You'll be beautifully air-conditioned, without anyone knowing how you manage to stay so cool!

There's one small danger in performing this last experiment more than once: if you get used to going out and about in this hazardously clad state, you might come to enjoy the feeling of freedom it gives you. But if you get caught knickerless, don't blame it on me!

diagnostic detour

by Trish Salah

I

Of course, as much as anyone
I want
If not to quell pessimism, to still the rumors of pathology.
Which is not to say I believe myself to be

Without borders, across the board, against, leaning through—
gloss: a solution to the sexes

There is this whole aesthetic approach, which is not without art.

We've been saying this, we say this, for a very long time.

But for my part I (both) had and wanted
a diagnosis.

An older and more beautiful diagnosis, the kind you can bring home to mamma
More, one from even before Freud, the science of the mythic past, and how it keeps coming up.

II

The whole suicide thing.
I don't mean to diminish that.
For years.
And then when I thought it was over.
Again. Again.

III

When I was seventeen, trying to decide between
Montreal or London

I traveled looking for one,
or more, discovering:
in sex shops, libraries,
in stripper girls, support groups.

I can't deny the opportunism, the neediness of that.
(After the first one, I didn't have the guts to go back.)

IV

for a long while tarrying in another cut I had
two fantasies: one, that a diagnosis, from you
an older and more beautiful, like motherlove, buttressed against
the kind of mirror you look up to

two, a profession, a certain recognition from the man on the street,
and me, streetwalking, 'cause you know,
from the books and the movies. I flattered myself, I would be good at it.

that I didn't, that I wasn't, could have something to do with my diagnosis, how I got one, and lost it again, between his failed suicide and her successes, or the fantasy—
dispersed sentiment will sediment after all: a class or its role in the formation of psychological types, sociological tropes. what doesn't make the talk we talked with who?. but there's still that whole untapped political line—

V

At the end of my intake interview, at the Montreal General, Doctor Abdullah asked me something, I don't remember, about the length of my hair, its manic fuchsia tendrils, my lace up pants, and eighteen skull boots, the scorpion crawling my arm a year later, I don't remember. And I said something half defensive and art school smart about subcultures and semiotics, how goth was punk again—
art school smart but psychiatry stupid. He didn't bother to conceal the condescension, mumbling his answer to a question I'd not asked: "Borderline."

And because I can be psychiatry smart, just wasn't then and there, I knew what he meant, that word wasn't incidental, and wouldn't be. That whatever I was or had, transsexuality wasn't the name for it, not that day, not that year.

Trish Salah *lives between Montreal and Toronto where she is a doctoral student at York University and a sessional instructor at the Simone de Beauvoir Institute. Her book of poetry,* Wanting in Arabic, *was published by TSAR Books in 2002. Trish Salah, 5066 rue garnier Mtl. PQ. H2J 3S9*

kari edwards, our poetry editor, is moving to India; this issue is her last. Our best wishes to her, and our thanks for her hard work over these past five or so years—Ed.

Vanessa Murray Dies

Vanessa Murray, 56, passed away on Friday March 26, 2005 at her home in Rhode Island. From 1995 through 2000, Vanessa was the well-known manager of IFGE's Synchronicity Bookstore. Vanessa had previously been a firefighter in Fall River, MA for many years, but had retired due to illness. After her retirement from firefighting she came to work with IFGE, travelling around the country from conference to conference with the bookstore, and answering our support line. Hers was the first voice that people heard when they called IFGE. She spent countless hours offering support and a sympathetic ear to our callers. She will be sorely missed.

Holly Baswell and Dr. Ken Dallarhide at IFGE Conference, April, 2004. ***Photo Credit:*** *Dallas Denny*

The National Latina/o Lesbian, Gay, Bisexual & Transgender Organization in Pride Parade.
Photo Credit: *NLLGBTO*

IFGE Trinity Award winner Angelo Brightfeather looking regal at Southern Comfort.
Photo Credit: Dallas Denny

Mariette Pathy Allen, Southern Comfort, 2003. For some thirty years, Mariette Pathy Allen has lavingly documented the transgender community with 35mm photographs. Over the years, the majority of photos in this magazine have been, and continue to be, you guessed it, Mariette's. We hereby thank her and apologize for not crediting her for her photos in #107 of the Transgender American Veterans Association wreath-laying ceremony and the Democratic National Convention. Her photo of Monica Helms "interviewing" Jerry Springer was exceptional. Thank you, Mariette, for all you do for this magazine. Photo Credit: Dallas Denny

Amanda Lepore and Sophia Lamar are the infamous silicone celebrity divas of New York City. Icons of fashion and pummped up visages, they epitomize the silicone look. Though, luckily, neither of them have died from their copious amounts of silicone, many, many others have. www.gotpummed.org

The Silicone Files

Silicon. Number fourteen on the periodic table, and the second most abundant element. It makes up more than 25% of the Earth's crust. Think sand. Think glass. Think rocks.

Silicon, like carbon, has the ability to form complex bonds with other elements, making thousands of compounds that range from liquid to rock-solid. That means that somewhere in the universe there may be a silicon-based life form. Here on the third rock, the closest thing we have to silicon-based life forms are folks who have had their carbon-based bodies pumped full of silicone, an inexpensive and easily produced silicon-based synthetic polymer.

We're not talking breast implants here, although the evidence for systemic problems caused by leaking silicone breast implants was sufficient to get them banned in the U.S. (*n.b.*; after more than ten years of ban, chances are silicone implants will soon again be legal). But this isn't silicone inside of bags; we're talking raw liquid silicone, injected subcutaneously beneath the skin to cause a change in body contours—instant curves.

Skin, of course, is everywhere, and wherever there's skin, there can be silicone. It can, and has been, injected into breasts, thighs, tummies, hips, arms, legs, lips, cheekbones, foreheads, chins, necks, backs, hands, feet, buttocks, genitalia, often in copious qualities. Think liters, as many as four or five in one person.

The devastating consequences of injections of liquid silicone have been known for decades, and they are legion (a partial list of known results of silicone injection includes that always annoying side effect, death). The Food & Drug Administration has been warning about silicone since the 1950s, and it's illegal to transport it across state lines for medical use. It has long been out of favor in the medical community, used only by a few rogue physicians, and by them only in minute quantities. Medical grade silicone is hard to come by, at least in the United States.

Non-medical-grade silicone is, however, abundant. Think caulk. Think windshield sealant. It can be purchased by the gallon, and for pennies.

Where there are market forces, there will soon be a market. Silicone has been no exception. When physicians stopped giving injections of silicone, a network of non-physician silicone pirates quickly arose. These unlicensed and usually untrained would-be medicos solicit "clients" through networks of friends who, not coincidentally, are also "clients." They serve as walking advertisements for the skill of their injector and the magic that silicone, purchased in bulk at auto parts stores or Home Depot, can cause. In some circles—think strippers, sex workers, the Asian community, HIV-positive gay men (who get their sunken chests pumped), and the transgendered (especially those working in clubs or turning tricks), silicone use is epidemic.

Silicone circuit workers have been around for decades, but only recently have come to the attention of authorities—this because authorities became aware that a significant number of their "clients" drop dead shortly after injection. Recently, several pumpers have drawn jail terms because their work left one or more of their "clients" dead. After decades of indifference, law enforcement personnel are getting tough with injectors.

Some people say they have compelling reasons to have silicone injections. As an acquaintance, a sometimes prostitute, once told me, getting pumped made clients desire her, increasing her income, and the changes in the shape of her face and body were instant. Make no mistake about it: silicone can cause immediate and dramatic changes in body appearance—but the changes are often temporary and often debilitating, and occasionally fatal.

Cut Out & Save

Got Pummped ??

Silicone Awareness

Dangerous Beauty Secret

Silicone injections are a dangerous beauty secret for those whom seek inexpensive cosmetic surgery alternatives.

It is a dangerous service of body modification proliferating illegally amongst non-medical persons, unlicensed ìcosmetic surgeonsî and even licensed physicians all of whom are servicing and profiteering off of vulnerable populations of transgender and other actively targeted populations including Asian women (and various populations of men who seek male enhancement).

Increasingly at risk for under going this dangerous body modification process are the ìdesperate housewivesî who want an immediate resulting cosmetic surgery alternative.

Silicone Awareness

For More Information
& Medical Resources
Log onto
www.GotP ummped Org

Got Pummped ??

Silicone Awareness

This brochure covers information about the extremely dangerous body modification process of
iPummpingî
with silicone injections.

Deadly Beauty Secret

The truth behind this detrimental body modification process.

Pummping Silicone

Why silicone is used and what it does to you...short term and long term.

Silicone Treatment

There is Hope.

Diagnostic Techniques
Medicinal Treatments
Cosmetic & Reconstructive Methods

Cut Out & Save

Got Pummped??

Silicone Awareness

Pumping Science

Assuming you are not one of the many individuals who will have an immediate, catastrophic allergic or even fatal reaction to such directly dangerous exposure by injection from the "pummper" resulting in direct blood stream, lung, or other cardiovascular damage, then in the ìshort-termî the goal of injected silicone is, iimmediate permanent enhancementî.

This ultimately dangerous and deforming ìenhancementî may include injecting silicone directly into many areas of the body including:

- Cheekbones
- Lips
- Chins
- Foreheads
- Breasts
- Hips
- Buttocks
- Penis
- Pectoral
- Calves

These symptoms may develop instantaneously or at any duration after the injection

- Silicone Mastitis may develop resulting in edema like inflammatory reaction. Displaying inflamed redness/rash and bruised like skin irritation, discoloration, as well as swelling, blistering, tenderness, pain or other nonspecific discomfort. Other symptoms may include a slightly itchy and / or a burning sensation.

- Silicone migration
Silicone may eventually migrate to other non injected sites of the body infecting lymph nodes, tissues, spleen, liver, adrenal and lungs. Silicone can also migrate into more distal regions, including the arms, ankles and subcutaneous tissues of the abdominal wall causing cellulitis.

- Silicone Granulomas
Silicone Granulomas may develop which are tumor like lumpy masses resulting in contour deformity and pain.

- Chronic Inflammation
May develop from prolonged inflammation.

- Silicone may result in fever, swollen lymph nodes, and other symptoms suggestive of connective tissue disease and encourage systemic fungal and atypical bacterial infections.

- Silicone may result in an auto-immune like disorder developing two or more years after exposure to silicone.

- Neuropathy
May develop as the result of actual silicate crystals which may be found in the nerves.

Silicone left untreated and unremoved will pose an increased danger to your body with potential to migrate and infect other areas that may or may not be operable resulting in further compromise to personal health in numerous ways.

There is Hope

The unfortunate effects of silicone may seem daunting when seeking treatment especially in the absence of mainstream medical awareness but there is hope with the care and treatment by an informed and qualified doctor.

There are actually many medical tests available and diagnostic techniques to identify silicone. Including, detection in the tissue and lymph nodes through Mammograms, Ultrasound and MRI.

There are a variety of medications that may prove beneficial in relieving or minimizing the symptomatic effects of silicone.

Additionally, to some extent surgical removal may provide some relief.

To learn more about silicone, diagnostics & treatments or to locate a physician log onto: Www.GotPummped.Org

For complete evaluation and treatment see a qualified doctor.

Silicone Awareness

www.GotPummped.Org

Cheekbones From Hell, or Injectable Silicone: Bad News

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Back in 1991, in the second issue of *Chrysalis Quarterly*, a magazine I edited, we ran an ad called "Dangerous Curves Ahead," warning of the dangers of injecting silicone into the human body. We chose injectable silicone for our first public service ad because many people in the transgender community seemed unaware that injecting silicone is both dangerous and illegal (Rivera, 1992). Unlike silicone breast implants (now also banned by the FDA), in which the silicone is placed in a specially-designed plastic bag which is then surgically implanted, when injecting, a large-bore needle is used to insert the silicone directly in cheekbones, lips, chins, foreheads, thighs, breasts, hips, hands, and other parts of the body. Unfortunately, this is usually not done under sterile conditions in a doctor's office by a cosmetic surgeon, but by a lay "practitioner" in a motel room or in the back of a van. Often non-sterile, industrial-grade silicone is used, rather than medical-grade, and it may be adulterated with substances like oil or paraffin, which can cause serious medical complications. The individual injecting the silicone typically has no training in either medical techniques or aesthetics, and has little regard for the well-being of the "patient," who has not been warned of the dangers of the procedure, and is not likely to be looked after properly in the event of a catastrophic reaction. Occasionally an unfortunate injectee drops dead on the spot (Greer, 1993, Florida Fugitive Arrested in Greenville, 13 April, 2001).

The U.S. Food and Drug Administration (FDA) has maintained since 1965 that only those physicians who it has authorized to experiment with silicone are allowed to procure or use the substance— and there are currently no physicians authorized to do so and no authorized supplier of medical grade injectable silicone (Auto-Shop Silicone Used for Injection, 18 February, 1993). According to an article in the *New York Times* in 1992, a survey of 2000 cosmetic and plastic surgeons by the American Academy of Cosmetic Surgery found silicone injection the ninth most popular procedure in cosmetic surgery; there were nearly 60,000 injections reported in the U.S.A. in 1990. Most were done to nontransgendered women. David Kessler, former FDA Commissioner, repeatedly warned physicians they must stop silicone injections. It was under Kessler's watch that a moratorium was called on silicone breast implants in the US, and that moratorium continues.

Most plastic surgeons and dermatologists do not do silicone injections. Those who do limit their injections to small drops to fill in facial wrinkles or "pump up" parts of the face. Although those who used only small amounts of silicone reported few complications, many stopped upon Kessler's warning, according to the *New York Times*. Other physicians, however, claim that the FDA has no jurisdiction over them, and continue the practice. A few inject massive amounts of the substance—as much as 2 liters—into breasts, thighs, and hips.

If the FDA contends—and it does—that silicone encapsulated in plastic bags is dangerous, you can imagine its opinion of the use of industrial-quality silicone by non-physicians—a practice which is common among some groups in the U.S. including exotic entertainers, street prostitutes, Asian women, female impersonators, and transgendered and transsexual women. Some ten years ago, when we wrote Dr. Kessler about the black market in silicone, we received a reply from Sterling D. Gary of the FDA's Division of Compliance Operations, assuring us that the FDA shared our concerns about "the practice of injecting non-sterile, non-medical grade liquid silicone into the body," and indicating the FDA was willing to "take appropriate action" against those who did so.

The problem, of course, is how to effectively protect consumers. It's one thing for the FDA to clamp down on a physician who has a license and works out of a fixed location, but quite another to locate and prosecute an unscrupulous practitioner who flies around the country with a bag of needles and a tube of silicone caulk purchased in an auto parts or hardware store. We doubt the FDA has the resources to mount an effort to stop the dangerous and illegal practice of injecting silicone. The effort must come instead from within the transgender and gay communities, and the first step is to make the problem known through articles like this one, and through advertisements like our "Dangerous Curves Ahead."

We frequently hear transgendered people say, "I have silicone in my face and I've never had any problems." To them, we say, "You're lucky." The problems with injected silicone are legion, and directly proportional to the amount injected. Thus, a small amount in the face is less likely to cause complications than large amounts in the torso, but any injection is potentially lethal.

What are the problems with injected silicone? The most immediate danger is respiratory distress which may lead to death. The authors of a paper called "Acute and Latent Pneumonitis after Subcutaneous Injections of Silicone in Transsexual Men" (Chastre, et al., 1986) treated 13 male-to-female transsexual people who were hospitalized for respiratory symptoms resulting from "... illicit subcutaneous injections of silicone." Seven of the patients had begun having problems breathing immediately following injections, and five at varying periods after injections. The thirteenth become ill following a brawl in which the silicone became dislodged. The authors con-

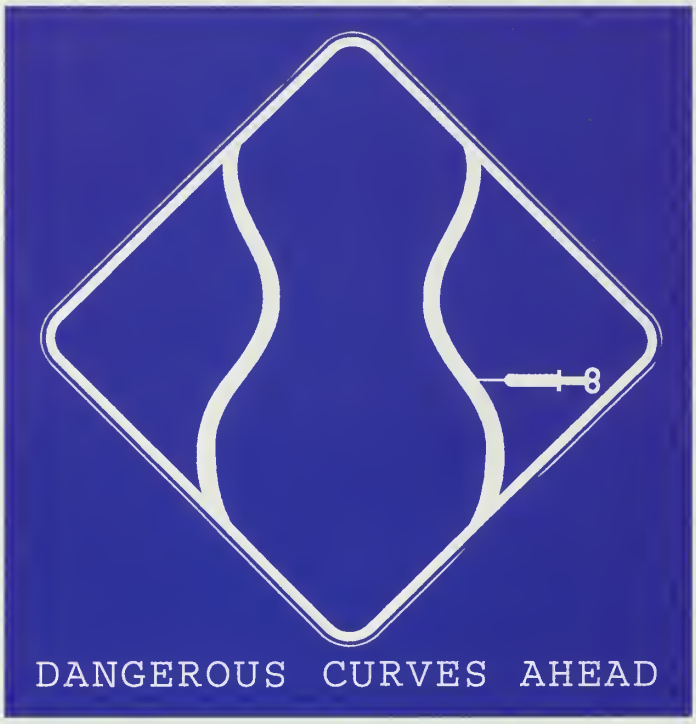
Author's Note: I wrote "Cheekbones From Hell" in 1992. Shortly thereafter, the U.S. Food and Drug Administration called a moratorium on silicone breast implants, which are prone to rupture and leak liquid silicone into the body. While there is some controversy about whether leaking silicone implants can cause various systemic illnesses, the hazards of injecting silicone are well-documented. It is dangerous, illegal, disfiguring, and frequently fatal. This article was first published in 1992 in *TV-TS Tapestry* #61, pp. 46-48. We reprint it out of necessity.

cluded that silicone injections carried "... a serious respiratory risk since it can induce acute respiratory failure"; that this can be induced "... by local trauma to tissues containing silicone, even if injections were performed several years before the traumatic episode"; and that "... latent silicone pneumonitis may be observed in patients who develop local inflammatory phenomena at the sites of previous injections." Other papers (Couland, et al., 1973; Ellenborgen & Rubin, 1975; McCurdy & Solomons, 1977; Solomons & Jones, 1975) have reported the deaths of individuals due to respiratory distress following silicone injections.

Another problem with injected silicone is that it moves around in the body, especially when present in quantity (Chaplin, 1969; Parsons & Titering, 1977). In a postmortem, Ellenborgen & Rubin (1975) found silicone in all organs and in massive quantities in the lungs. Dr. Stanley Biber showed a slide at the 1992 IFGE Coming Together convention in Denver in which the face of a young woman looked as if it had melted and run. She had lumps and bumps all over her face, and appeared to be at least 20 years older than her actual age. She had come to him after having had facial silicone injections. He was unable to help her.

Silicone is especially dangerous when introduced into the breast. The paper by Parsons & Titering (1977) begins, "All plastic surgeons are aware by now that the injection of liquid silicone for breast augmentation leads to difficult, even disastrous complications." Theirs and other articles provide graphic evidence of what silicone can do to the chest. Despite patients' claims of being pleased with initial results, the breasts typically become hard and lumpy, may develop infections, form cysts or open sores, become hyperpigmented, and may even develop gangrene (Kopf, et al., 1976). When injected in large amounts, silicone is very difficult to remove (Parsons & Titering, 1977), and is almost certain to disfigure the breasts. In fact, it is often necessary to do a radical mastectomy (Chaplin, 1969), and even if an attempt is made to save the breast, the cosmetic result is not likely to be satisfactory either to the patient or to the surgeon (Parsons & Titering, 1977). Parsons & Titering point out that the breast is an organ with a high susceptibility to cancer, and that injected silicone may lead to increased risk of cancer. They cite several authors who found cancer in patients with silicone-injected breasts.

There are other complications of silicone (for instance, there was one report of blindness), but we have elected to cite only enough evidence to convince skeptics that injected silicone is, indeed, dangerous and can be disfiguring and sometimes lethal, even when done by cosmetic surgeons. Now we want to move things closer to home, talking about the problem as it exists in reality in the transgender community. Why would anyone agree to let themselves be pumped with silicone in some back room by an unskilled and unlicensed person?



Why indeed! The answer is: instant curves. Silicone is seen as a quick fix by many transgendered men and women. It's less expensive than plastic surgery (on the front end, that is), requires no letters of authorization from psychologists or psychiatrists, and gives instant gratification.

The short-term effect of injected silicone is enhanced body contours. Cheekbones can be made more prominent, lips more pouty, clefts in chins removed, breasts enlarged. Hips and thighs can be sculpted to resemble those of born females. Male curves can be simulated, too: instant pectoral, gluteal, or calf muscles.

And so, transgendered people pay $200, $300, even $500 for injections of impure silicone, administered, usually, by someone with no medical training, no knowledge of human anatomy, no knowledge of sterile techniques, no idea of what to do if a medical emergency develops, and who may well be reusing needles without sterilizing them—and this individual will more than likely have a very poor aesthetic sense. Their clients go back time and again, until they have pints or even quarts of silicone in their bodies (Kulick, 1998). The result is Dangerous Curves—what we sometimes refer to as Cheekbones from Hell—body contours, especially lips and cheekbones, which just do not occur in nature. With repeated visits (and much money spent), the individual becomes a caricature, a cartoon, a person of exaggerated proportions. To the naive eye, such people may seem more attractive because of those curves, but they lose the "realness" that is so important in order to live a viable life in the preferred gender. And the long-term consequence is disfigurement, often severe and life-threatening.

Injecting silicone is big business. As far as we've been able to tell, there are a half-dozen or so individuals who travel around the country; word spreads that they are on the way, and when they arrive, a steady stream of "customers" file in and out of the hotel room—or, in one case in Atlanta, through the back room of an upscale hairstyling parlor—dropping several hundred dollars each. We're talking big bucks here, for as many as 30 or 40 "customers" can be treated in one afternoon, and most customers require multiple injections.

We've found out the hard way that it can be dangerous to interfere with such "enterprise," even to the extent of declaring our position with the "Dangerous Curves" ad. At one gender meeting in 1991, two AEGIS staffers found themselves confronted by a pistol-packing

member of a local support group who had heard about the Dangerous Curves ad (she didn't actually point the weapon at them, but she let them know it was in her purse and that she would be willing to use it. She was afraid we would somehow interfere with her position as procurer for someone we will call "Rochelle," who was reportedly in town to capitalize on the conference. "Rochelle is licensed in six states to do this!" she shouted, waving her finger (and fortunately not her pistol) in our faces. Apparently, our ad had been sufficient to alarm the silicone set. "Rochelle" stayed away from the conference, but it was a long time before we slept easily.

If the FDA has maintained for more than 25 years that injected silicone is dangerous even when given by physicians, it stands to reason that it is unthinkable to seek it from a nonphysician. Those who are desirous of enhanced body contours should seek a plastic or cosmetic surgeon. It may cost a little more for the initial procedure, but the results will be much less likely to compromise your health, and the aesthetic results will be much better and last much longer. In the long run, it will be much, much less expensive than "Dangerous Curves."

Remember: there is no agency or school that grants a license to inject silicone. If you don't believe us, do your own research, but for goodness sake, don't take the words of the "Rochelles" of this world.

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You Can Be Beautiful, Too!

Vignettes Based on Experiences of Actual People With Injected Silicone

Rona

Rona made the mistake of accompanying her friend Chris when Chris went for injections to her breasts. Stephanie, the women with the silicone, told Rona, "You really should let me do something for that cleft in your chin, dear."

After that, Rona thought often about how nice it would to be rid of her cleft chin. The next time Stephanie was in town, Rona not only had her chin done, but her lips, too, to get that "pouty" look. Unfortunately, although the chin was improved, the silicone in the lip shifted almost immediately, making it look as if a bee had stung her on the left side of her face. Rona caught Stephanie before she left town, asking her to do something. Stephanie studied Rona's face for a moment, and then said, "We can just give you a little here," and proceeded to pump silicone into the right side of Rona's mouth to provide symmetry.

Stephanie is out of town, long gone. Rona is now drinking through a straw, for she has lost much of the feeling in her lower lip, and, and there is so much silicone around her mouth that she cannot close it normally. She dribbles when she drinks from a glass, and she cannot chew without dropping food. Moreover, her career as a sex worker has been dealt a severe blow, for she finds it impossible to perform oral sex in an effective manner.

The first plastic surgeon Rona consulted just shook his head and sent her elsewhere; the second said he thought he could remove most of the silicone, but was giving no guarantees, and he told her there would be scarring. A third said he could remove the silicone through the inside of her mouth, so that scars would not be visible, and referred her to a neurologist. There the news was not good; he told Rona that it was likely the loss of sensation in her lower lip would be permanent.

Natalie

Natalie fancied herself a Cher look-alike, and to make herself as much like her muse as possible, sought the services of Rochelle, who pumped her cheeks full of silicone. "Isn't this too much?" Natalie asked.

"No, dear," said Rochelle. "The oil in the silicone will bleed away, and your cheeks will look just fine." But the oil didn't "bleed away." Natalie was left with cheekbones that made her look ridiculous, and to make matters worse, her boyfriend popped her one and the silicone in her left cheek moved forward about an inch. She sought out Rochelle the next time she was in town and had even more silicone injected to make her face symmetrical.

Today, Natalie does a good impression of a chipmunk without even trying. She has talked to a plastic surgeon who gave her an estimate of $4000 for removing the silicone from her cheeks; he said he would implant prosthetic inserts for an additional $4000, if her face was not too damaged to tolerate them.

Natalie doesn't have that kind of money, but she does have $500, and the next time Rochelle is in town, she plans to have her breasts injected.

Carmilla

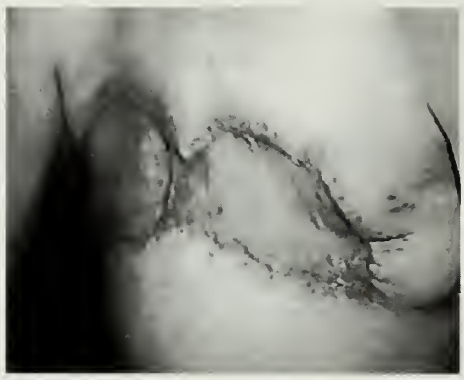
Carmilla had both her breasts "done" five years ago. Except for the fact that silicone constantly seeped from her nipples, everything was fine for two years. Then the skin on her right breast began to bulge, and an open abscess soon developed. Within months, she developed an abscess on her left breast. Finally, when the pain became so great that she was unable to move normally and her breasts had developed a foul odor, she saw a physician who told her her breasts had become gangrenous. He put her in the hospital immediately for radical double mastectomy. Carmilla now has no breasts, and has been on two talk shows, complaining bitterly about Rochelle, who injected her.

Now Carmilla's doctor tells her that the lethargy, joint pain, and mental confusion she is feeling is probably due to the delayed effects of silicone. He tells her it's good the silicone is out of her body; at least now it probably won't get worse. Carmilla doesn't tell him about the silicone in her face and thighs.

GEA Medical Advisory Bulletin

This is an updated version of an advisory released in 1990, 1992, 1994 and 1996 by AEGIS, the American Educational Gender Information Service, Inc., and in 2003 by Gender Education & Advocacy, Inc.

Silicone Use: Illicit, Disfiguring, Dangerous



After double mostectomy for silicone mostitis.

The Problem

The injection of liquid silicone and other materials into human tissue is a problem of long standing in the U.S. and elsewhere around the world. Typically, silicone, often of industrial rather than medical grade and sometimes mixed with paraffin, oil, and other non-sterile materials, is injected under the skin, usually by individuals with no medical credentials, in settings such as apartments and bars. In pursuit of enhanced physical appearance, many individuals have repeated injections, with cumulative amounts reaching as much as 1.5 liters. Areas typically injected are cheekbones, lips, brows, chin, breasts, buttocks, calves, hips, thighs, pectoral area, and calves.

While appearance may be enhanced on the short-term, most silicone injection is ultimately disfiguring, as the silicone migrates, changes shape, or hardens. Once injected, silicone is impossible to remove completely, and extensive scarring accompanies even partial removal. Silicone injected in the breast area makes mammograms ineffective, and often requires radical bilateral mastectomy.

Since the 1960s, the U.S. Food & Drug Administration has repeatedly warned of the dangers of injected silicone, labeling it an illicit practice and warning that interstate transport of silicone is illegal.

Injected silicone can and often does result in a variety of medical problems. Documented reactions have included respiratory distress, infection, toxic shock syndrome, granuloma, scleroderma, cancer, neuropathy, lymphadenopathy, rheumatic symptoms, synovitis, and severe autoimmune and connective tissue disorders. Use of dirty needles places the individual at risk for HIV, hepatitis, and other infectious diseases. Medical problems may develop immediately upon injection, or years or even decades later, and can and can result in debility or death.

Despite the dangers of and long history of fatalities, disease, and disfigurement caused by silicone injection, the practice is still common, especially in Asian populations in the U.S. and broad and male-to-female transgendered and transsexual individuals in North and South America. Sex workers, individuals of lower socioeconomic status, amateur and professional female impersonators and club entertainers, and especially people of color may be most at risk. We have received anecdotal reports of silicone injection by female-to-male transsexuals and transgendered persons in the ball cultures of several East coast cities.

Advisory

Silicone injection is a dangerous, illicit practice that can and does disfigure and kill. It should be avoided by all transgendered and transsexual persons.

Those who wish to safely transform their bodies should consider other alternatives, such as transgender hormonal therapy, diet, exercise, clever use of cosmetics, prosthetics, or consultation with a plastic surgeon. A qualified plastic surgeon can be found by calling the American Society of Plastic Surgeons at 1-800-635-0635 or on the Web at: www.plasticsurgery .org/.

Discussion

Silicone injection causes immediate changes in body contour, and that is its appeal. Cheeks, chins, breasts, buttocks, and other parts of the body are "pumped," often in a series of injections. The "instant curves" which result are especially important to transgendered and transsexual persons, who may seek silicone injection for a variety of reasons: to make their bodies more pleasing to themselves; to enhance their ability to pass in public as a member of the non-natal sex; to make them more attractive to others; to enhance their marketability for sex work, or as female impersonators; and as a way to feminize their bodies without subjecting themselves to the effects of counter-sex hormones. Many transgendered and transsexual women who work in the sex industry see an advantage in maintaining their virility, as hormonal therapy will lower their libidos and cause in most the eventual loss of the ability to penetrate their male clients.

While the silicone injected is usually the inexpensive industrial-grade caulk sold at hardware stores, the price of being "pumped" is not cheap. One "treatment"

Can Injected Silicone be Removed?

The short answer is yes. It's possible to remove silicone. You won't like the long answer, which is that it's impossible to remove it all, and removing even some of it can result in significant scarring.

When injected, silicone separates into globules which disperse throughout the body. Silicone injected in the breast can and does wind up in the feet. At injection sites, tissue is infused with tiny spheres of silicone which can't be removed without destroying the tissue. Only the larges and most easily reached globules can be reached.

This doesn't mean that you should not see a physician. Partial removal may be possible, and may ameliorate physical symptoms. If you have had injections and are experiencing problems, get yourself to a doctor.

You can find helpful information at the new website, Got Pummped, www.gotpummped.org. We reproduce here GotPummped's brochure. Readers may photocopy and distribute it, provided that the contact information remains intact.

can cost as much as $500, and dozens of "treatments" may be needed for the individual to achieve and maintain the desired appearance. While plastic surgery is not inexpensive, the dangers are minimal, the results are more enduring, and it is ultimately less expensive than repeated "pumping."

Those who inject silicone operate clandestinely through an underground network of runners, who arrange dates, times, and locations for pumping sessions. Dozens of "clients" may be injected on a single afternoon. Runners use their own pumped bodies as advertisements, downplaying the inconvenience and dangers of silicone injection. Injectors "pump and jump," leaving town immediately after their sessions; those who develop complications are on their own. Silicone injectors often operate near or as members of drag houses of the ball cultures in urban centers, with no police interference unless a death occurs from a silicone injection—a tragedy which happens with some regularity. Due to the unsanitary practices of silicone providers, silicone injection is considered a likely means of transmitting HIV and Hepatitis B and C.

The dangers and unfortunate results of injected silicone are well-documented in the medical literature.

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Surviving, Thriving, and Only A *Little Bit* Different

By Hannah Grant

I never meant to fall in love again—not after seventeen years in hell with a world-class abuser. I'd picked up stakes and moved to another part of the country, one where I didn't know a soul, if you didn't count my three cats. And yet, over my own fiercest objections, I was falling hard for the sweet-natured guy with hair the color of red clover honey. There were red flags popping up all over the place. Like me, he was divorced. He had sole custody of his three kids, ages three, nine and twelve. His earnings were lower than mine, and mine weren't anything to brag about.

But Dana was bright, well-educated, insatiably curious about the world around him, and as helpful as a true-blue Boy Scout. And funny—God, he was funny! With a couple of well-turned syllables, he could make me laugh at just about anything.

We attended the same church; in fact, that's where we met. It was one of those straitlaced, fundamentalist numbers that doesn't hold with drinkin' or cussin' or smokin.' It was an odd place for someone with my liberal leanings to be, but that's where I found him. He was the first (and only) member of that particular denomination I've ever met who had a frankly off-color sense of humor.

We drifted into a dating relationship that would last for well over a year. Neither of us was eager to rush into another marital disaster. But we began spending more and more time together, often with his kids. Gradually, the subject of marriage became a "when" rather than an "if."

Because of our religion, we avoided sex, but there were some perilously close calls. We were strongly attracted to each other and abstinence was a mighty tall order. During one of our late-night phone conversations, Dana dropped a bombshell on me. One of the problems with his ex was that she strongly resisted his desire to act the woman's part during sex. He liked to wear lingerie and experience their physical coupling by taking the "traditional female role." I wasn't sure what a dildo was; but it didn't sound like anything I wanted to try.

I was still reeling mentally, struggling to understand what he had told me, when he hesitantly said he wanted to have a sex-change operation at some time in the distant future. *That* I could deal with. My four years of college kicked in and I said, with absolute conviction, that such a thing was only fantasy. To be sure, you could probably find a surgeon somewhere who might be able to, say, revise a guy to look like a woman, but would he *really* be a woman? Of course not; the poor thing would be only a mutilated male.

Dana countered that there were plastic surgeons who specialized in sex-change surgery, and that once they had worked their magic, sometimes even other doctors couldn't tell a newcomer from somebody with factory-original equipment.

This was pure nonsense, I insisted, with the dogmatic certainty of ignorance. Certainly, the result *would not* be a *woman.*

I decided that what Dana needed was sex—lots of it—the good old-fashioned, you-Tarzan-me-Jane kind. None of this role-reversal stuff. I resolved to shut him down every time he mentioned it. I was absolutely certain that sooner or later, this strategy would pay off. He would get over this wannabe woman delusion along with the accompanying shame and guilt that went with it.

In the early months of our marriage, my strategy seemed to work. From time to time, Dana would mention the gender thing, and I would promptly—and none too gently—change the subject.

Some time in our second—or maybe third—year together, he said something about wanting to crossdress, and I snapped irritably, "What? That stuff *again*?"

"What do you mean, 'again?'" he asked. "It never goes away."

That hit me like a freight train. *I* was the one who had forgotten, because I didn't want to deal with it. For him, it was a day-to-day torment.

That's when I started reading; that's how I deal with things I don't understand. We hit the local GLBT bookstore, and I bought nearly everything I could find dealing with transsexual issues. Some of the books were cheap, poorly-written autobiographies. Others, written by pros like Jan Morris, were heartbreaking. I became acquainted with the irrepressible Riki Anne Wilchins, the in-your-face Kate Bornstein, the lushly beautiful Caroline Cossey, and the venerable Virginia Prince. About that same time, Dana began subscribing to *Tapestry*, which had very little to do with needlework.

I'll never forget a book called *Transsexuals: Candid Answers to Private Questions*, by Gerald Ramsey, Ph.D. One of the questions raised was like a slap in the face. An anguished mother wanted to know why her son "had to talk about sex all the time." Dr. Ramsey replied that in all likelihood, the mother's own perception was the culprit. Because she didn't want to hear about transgender issues at all, she was upset every time the topic surfaced.

That one hit close to home. I began to understand that Dana's "obsession" with wanting to be a woman wasn't something that could be ignored. *It wasn't going to go away.* There wasn't a single instance in medical literature of any kind of therapy—drugs, hormones, aversion, even hypnosis—that "cured" transsexuals.

Struggling with the implications of this issue, I said to Dana at one point, "If you become a woman, then we'll just be housemates. We won't have a sexual relationship any more."

"What makes you think that?" he wanted to know.

"We'd be *lesbians*," I stammered, shocked almost beyond words. We may have talked for a while after that; I don't remember.

It was scary enough to contemplate his becoming a woman; what would people say? What would the kids say? What would the church say? What would his employer say? As if that weren't enough, I was supposed to be a *lesbian*, for God's sake?

I'd lose my husband; the kids would lose their father—but there wouldn't be a penny of compensation. No insurance for

the widow and surviving kids. It wasn't fair! I knew from my reading that the odds of our surviving this transition were appalling—something like 95% of similar couples didn't stay together.

I had a tough decision to make. Did I love this guy enough to stay with him? The road promised to be rocky as hell. More than once, I shelved the issue and ignored it. I think this is called "denial."

At one point, I learned that he had secretly been crossdressing in feminine underwear. Years of being devious had taught him to hand-wash these and hang them to dry in the back of his closet. That struck me as terribly sad. Why should he have to hide something like that, if it made him feel happy? Was it really so horrible?

We went shopping together and bought several pairs of panties—his, not mine. That's when I learned we didn't wear the same size; he preferred silky fabrics while I liked cotton; his taste was frillier than mine, by a long shot. We wouldn't get them mixed up in the laundry, for sure.

On another expedition, we bought a couple of sexy pink nightgowns in his size. By that time, my attitude had shifted. He was deliriously happy at being allowed to buy these things openly, with my input and approval. It seemed like such a little thing. How could anyone be so heartless as to deny him this joy?

Anyone who loved him, that is. Did I love him enough? Could I accept the huge life-change he was proposing?

Over the years, the kids presented a united phalanx—one-hundred per cent against it. If he insisted on going through with it, they said he would never see his grandchildren. Did I really have the guts to see this through?

I can't say it doesn't scare me sometimes. But when we're together, the world is a sunny place. My earlier marriage had taught me there were things you could tell your best friend, and things you could tell your husband, but they were seldom the same things. Not so with Dana; I can tell him anything. In so many ways we are still like newlyweds; we can hardly wait to see each other at the end of the workday.

Now that he has the freedom to express the feminine side of his personality (at least, between the two of us) we find we are phenomenally well-balanced as a couple. I have always been something of a daredevil, a risk-taker, an adventurer. I am not your typical domestic goddess. He, on the other hand, is content with a calm and predictable life; he is neat, tidy, and organized.

Since childhood, I've lived "on the edge," taking dares, playing rough, never taking a back seat to anybody. I broke my neck at age 11, foolishly taking a deep dive in a shallow pool. I broke it again in a different place two years later when thrown by an out-of-control horse. In my late teens, I accepted a challenge to down two shots of tequila and then jump from an Olympic-height diving platform in Mexico. I surfaced with a bloody nose, but I won the bet.

I began to understand that Dana's "obsession" with wanting to be a woman wasn't something that could be ignored.

Dana, unlike me, doesn't like heights. He is easily startled by loud noises, and used to be jittery about surprises. I'll never forget how he white-knuckled the panic bar on a wild roller-coaster ride and muttered a fervent "Oh, *shit!*" as we headed into an upside-down loop. He didn't enjoy crossing the suspension bridge over Colorado's Royal Gorge in a 40-mph wind, either. To this day, he insists that he remembers nothing but huge gaps between the swaying wooden planks and a 1500-foot drop beyond them.

There's an ongoing joke between us now: "You're much more of a stud-muffin," he tells me, "than I could ever *hope* to be."

When we met, Dana's domestic development was very advanced (for a "male"). He made beds with neat hospital corners, did dishes, cleaned kitchens and bathrooms, and he never left the toilet seat up—nor did he leave traces of toothpaste in the sink or hair in the tub. These abilities impressed me; he's a joy to live with!

He does traditional "guy" stuff too, like electrical and plumbing repairs, installing cables for computer networking, and he did all the wiring in our garage. He deals with the furnace and air conditioning systems when they need attention. He even mows lawns.

A couple of years ago, he wanted to start hormone therapy: step one of the transition. I was aware of the medical risks, and they scared me, but I figured, "Hey—we're in this together."

He had been referred to an endocrinologist in our area who works with a number of transsexuals. I went with him on his first visit, to let the doctor know that *yes, I understand the ramifications of this, and yes, I fully support his decision.* Throughout the visit, she regarded me with the kind of disdain usually reserved for last week's gym socks.

After this reception, I stayed in the waiting room during the second visit. Dana reported that the doctor's first question was "Has your wife left you yet?" He assured her that I hadn't. Since then, I have accompanied him on nearly every visit. As the hormones began to produce the growth of perky adolescent breasts, the doctor asked me how I felt about that. Without hesitation, I told her I was jealous as hell. (My own "perky" stage lasted maybe six months, and since then, I've been what you'd call "matronly.")

So, that's where we are now. We know that the hardest part of the journey is still ahead. He can't transition until he retires in a few more years. Laws notwithstanding, his employer would find a way to fire him if he dared present as a woman at work.

Our sex life has changed, for a couple of reasons. For one, the hormone therapy has drastically reduced the amount of testosterone in Dana's system; he doesn't live in a constant state of panting arousal any more. Besides that, Mother Nature has a way of smoothing out the urgency as we mature.

Dana has waited so patiently. The kids are eighteen, twenty-four, and twenty-seven now. How much longer should a dream wait, anyway?

The idea of living and loving as a lesbian doesn't scare me any more. Heck,

I'm a woman; I know what I like, so it ought to be fun helping Dana learn what pleasures her new body. I've grown. My choices, decisions and actions are no longer fear-driven. Other people's opinions don't matter all that much. What's important is that I truly love this partner of mine. The outer configuration of his/her body doesn't matter.

I know that I am in love—more every day—with the person who lives in there. When you get right down to it, isn't that the bottom line?

I'm a dreamer, and I'm living my dream. I've found a partner who understands and accepts me, who loves and cherishes me. Do I throw this away? Do I fold when others call my hand, when times get tough and there are tears? No. I'm a Cancer, dammit, and a hard-shelled one at that. Water is my element, and as Garth Brooks sings in *The River:*

. . . Don't you sit upon the shoreline
And say you're satisfied.
Choose to chance the rapids
And dare to dance the tide.

. . . I'll never reach my destination
If I never try . . .

So I choose to "chance the rapids" and it may be a helluva ride!"

***Hannah Grant** writes: "I am retired after 30 years of paper-shuffling for the government. I love listening to Andrea Bacelli and Josh Groban, especially while reading (preferably with a warm cat on my lap.) I have been happily married to Dana for nearly 14 years."*

In the Company of Men—It's Not Size That Counts

By Jamie Starwalker

It's early morning and I'm finishing up a quick cup of coffee and a piece of toast, getting ready. Sunrise comes late now on this last November weekend before Thanksgiving. Thanksgiving. I wonder what kind of Thanksgiving the O'Briens will have. Will they be relieved that the burden of letting go of several generations of business is done for good? Or maybe they'll be bitchin' about the hard times super hardware warehouses have created for local, family-run stores.

I've never been to an auction before. I'm sad and ashamed that I hadn't taken the time to stop in and browse O'Brien's before they closed some six months ago. Every day, going by their hushed monument to changing times , I'd wondered what was going to happen to the place. I got just itchy and fascinated looking in the window at all the old hardware, bottles, antique signs, tools, and equipment. Then the sign went up this past Monday, announcing the auction for Saturday the 21st. And I was going. Nothing was keeping me from soaking up four floors—half a square block—of this city's old hardware. Nothing.

Ever since I'd remembered, it was I, and not my brother, who had followed my father around, lugging his tool box and watch-

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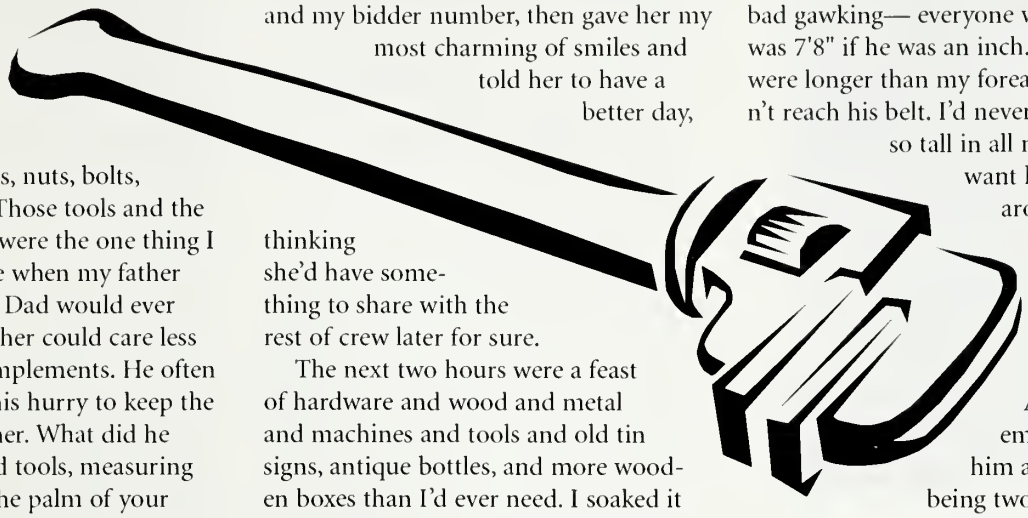
ing him work his wonder on things—carpentry, windows, motors, and on and on. The basement of my childhood home was filled with his workroom and tools. I'd spent countless hours playing there, "fixing things," marveling at the old tools, nuts, bolts, and locks and keys. Those tools and the memories they held were the one thing I really wanted to have when my father died. I don't know if Dad would ever understand. My brother could care less about his precious implements. He often mistreated them in his hurry to keep the house up for my father. What did he know about men and tools, measuring the heft of them in the palm of your hand, just so?

Being born female in the late forties consigned me to the periphery of my father's and brother's world. But that was no longer true.

Late fall in the northeast brought cool air with a bite to it. I could see my breath as I had gone out earlier to fetch the newspaper. It would be cold waiting on line to get in to view O'Brien's. I'd dressed warmly in layers, not knowing if they'd have the heat on inside the store. The working man's Saturday uniform: my scruffy yard sneakers, baggy old cotton sweat pants, t-shirt, long underwear shirt (nice they make them in colors now), my zip-up sweatshirt with the hood, and my beat up old Boston Red Sox cap. No gloves; that's what pockets were for.

I'd left early enough to get a parking space in easy reach and joined others already on line, their coffee steaming in the cool air. We weren't on the sunny side of the building. Folks were quiet for the most part, chatting only a little. Many were personal friends of the O'Briens, and only a few on line were women. This was definitely a man's gig. The atmosphere couldn't make up its mind—it was somewhere between a somber funeral and an Irish wake about to cut loose.

It took a long time after the door opened to get to a registration table. You had to register in order to view the contents of the building. My turn came with a stressed and up-way-too-early woman saying, "Yes, Sir?" I showed her my driver's license and credit card as required. She looked at me, embarrassed to see "female" on it, and started to apologize. I gave her my standard reply. "It's OK, you were right the first time." I got my stuff and my bidder number, then gave her my most charming of smiles and told her to have a better day, thinking she'd have something to share with the rest of crew later for sure.



The next two hours were a feast of hardware and wood and metal and machines and tools and old tin signs, antique bottles, and more wooden boxes than I'd ever need. I soaked it all up, feeling nostalgic and at the same time sorry for the O'Briens, having their stuff all looked at and picked over by the likes of us buyers. I couldn't get enough, climbing aged wooden stairs from one floor to the other, the stairs deeply grooved by the many men who had stepped on them before me.

The atmosphere couldn't make up its mind—it was somewhere between a somber funeral and an Irish wake about to cut loose.

I was trying to figure out whether to stay and watch the auction, never having been to one and trying to figure out if there was something I'd feel like I could like to take home—besides all of it. Back down on the main floor, the place was way crowded by now, and people were pushing close past each other to examine things shelf by shelf, bin by bin. I'd just come out from the bins behind the floor-to-ceiling wooden drawer cabinet, feeling a little lost and overwhelmed by the amount of antique hardware half a square city block could hold, when I looked up—as did virtually everyone—at a young man awkwardly peering down at the top of the merchandise riser, gazing at some old insecticide dusters. I didn't feel bad gawking— everyone was. The man was 7'8" if he was an inch. His sneakers were longer than my forearm, and I didn't reach his belt. I'd never seen someone so tall in all my days. I didn't want him to turn around suddenly and move quickly, he might not see me and trip over me. All at once I felt embarrassed—for him and for me—being two ends of a very long spectrum of men. As I looked away a little red-faced, a small gray-haired, elderly man ahead of me caught my eye. I knew he had been looking at the giant man, too. He winked at me and approached me in quick, personal like way and in a quiet, conspiratorial voice said, "Us short men have to stick together!" "Yeah, we do," I agreed. He was just my size! What a find! "Bob," he said, and stuck his hand out. "Jamie." I offered my hand back.

We chatted and looked together for a while, till the auction got going. I had decided to stay and bid on a bottle and wooden box if I could find one pretty cheap.

Things were moving along, with the auctioneer in the front window where a lot of bottles and boxes were. But the crowd was really hungry for that stuff, and I was lost in a sea of taller men. Suddenly, I felt a hard nudge at my back. It was Bob, pushing on me, "Get up there, fella," he said. Let 'em see you!" I wanted to cry with joy, but I raised my card instead and some time later came home with my little touch of O'Brien's magic—my bottle and my box, and, of course, the memory forever of us small guys sticking together.

© 1999 by Jamie Starwalker

Ask Dr. GenderFixIt

Dear Dr. GenderFixIt:

My husband is a crossdresser. That's what he says, anyway. I'm not so sure.

After I discovered his stash of women's clothing and he came out to me, he started dressing around the house. Now he keeps his pits and legs shaved, and wants me to wax his back. He wants to wear a nightgown to bed. He spends hours at a time on the internet and—what can I say; I snooped—I found he had ordered pills to make him grow breasts. Breast forms are one thing. Real boobies are another!

I can deal with a crossdressing husband, but if he's on his way to being a full-time woman, I want to cut my losses and run (we have no children). Help! I'm not sure what he is!

Molly Fied

Dear Molly:

Chances are your husband isn't sure just what he is, either. He's exploring, and all signs indicate he's not looking into his identity in a clear-headed manner.

One this is for certain: no good will come of his clandestine behavior. He needs to wise up and keep you apprised of his feelings and activities. If it turns out he will be walking the transsexual road, he may lose you, but he will minimize the chance of that happening by keeping you in the loop as he works through his feelings and makes life decisions that will affect not only him, but you.

You might sit him down in front of the TV some weekend and watch a DVD or videotape of the HBO movie "Normal" with him. Hopefully, he will take the character Roy (Tom Wilkinson) as a role model. You can be Irma (Sissy Spacek).

I would also suggest you pick up a copy of Helen Boyd's My Husband Betty *(reviewed by Miqqi Alicia Gilbert in* Tapestry *#106; you can buy it at the* IFGE bookstore—Ed.*). She talks in a straightforward and insightful manner about her crossdressing husband and other crossdressing husbands and their wives. She talks about something I've always believed, and that is that crossdressers aren't just guys who dress up as women. Most have deep issues with their gender identity and sexuality. Only a relatively small number transition gender roles or act on their sexual urges. It's unlikely your husband is in that minority.*

Dear Dr. GenderFixIt

My birthday falls on Halloween. This year, as a lark, I dressed as a woman—stockings, high heels, bra, slinky dress, long red wig, makeup, the whole nine yards. I was a knockout! My best friends didn't recognize me!

Problem was, one night wasn't enough. After three or four days of me being Jessica Rabbit, my friends started wondering what was up with me. And I was wondering what was going on with me, too!

I started sneaking out of the house at night so my friends would not know I was still dressing up. The first time, I just went to the post office to mail a letter. The second time, I went into a convenience store to buy cigarettes, even though I don't smoke. The third time, I went into a gay bar, which was a novel experience, since I'm straight.

At the bar, I met a male-to-female transsexual. I knew then and there that was what I wanted to do. Change my sex, I mean. I couldn't wait to get started.

She told me the name of a surgeon, and I called him. He told me he wouldn't do the operation until I had lived as a woman for a year. What's up with that? How can I be a woman until I have the operation that makes me a woman?

Wanting Surgery Now!
Carmen Gettit

Dr. GenderFixIt's diagnosis: you have a severe case of pink fog. That will be $100, please. Next!

Pink fog is the condition in which you find yourself when you get into a euphoric state just after you start crossdressing or find yourself at a new level in your gender journey. You're so pumped up you can think of nothing else. Everything chafes you. You want to tell the world, you want to kick it up a notch, you want to never take off the clothes.

The problem with the pink fog is that like most mists, it tends to dissipate when the sun hits it. It's impossible to maintain such a high state of excitement. Eventually, you cahn down and cool off. Eventually, the other aspects of your life come back into focus and reclaim your attention.

When you re-establish balance in your life, you can take a realistic look at yourself and make sensible plans for your future. But making big changes while you're in the pink fog is almost certain to have disastrous results.

Let's be real here. Most males can maintain a high level of enthusiasm about almost anything for a year or two. After that, their exuberance fades. A guy tears up the golf course for two years, and then his clubs gather dust in the closet. He spends a fortune on electric trains, which take over his basement, and they wind up rusting in a corner. The motorcycle he just had to have sits moldering away in the shed behind the house. His closet is full of reminders of past enthusiasms: fishing tackle, dusty baseball gloves, that custom-made bowling ball.

Believe it or not, your excitement at crossdressing may diminish with time. Now, imagine if that were to happen, but

while you were fog-bound, you had gone out and bought yourself a brand new vagina. You certainly couldn't park that in the closet, now could you?

If you've not figured out where this advice column is going, you're not as bright as your good doctor suspects you are. Right! Now you know the reason for the surgeon's requirement that you live as a woman for a year before he will do genital surgery. It protects you, and, ultimately, him, from the consequences of a rash decision, diminishing the chance that you will dust off and load one of those reminders of a past hobby with buckshot and come after him.

This wait of one year, known as the Real Life Experience, is one of the criteria of the Harry Benjamin Standards of Care. Another requirement is that you provide two letters written by therapists who attest that you have a clue about what you are doing. Right now, dear Carmen, you are without one!

If, six months or a year from now, you feel much the same way, then you might want to think about taking some steps to feminize your body. For now, I suggest you continue to carefully enjoy your crossdressing adventures.

You old coot! Is that really your picture?

Cletus

You got me! I'm busted. No, that's not my picture. It is, however, a photo of my real-life paternal great-grandfather.

Help! I'm male-to-female, a year post-op, and I'm having a problem with intercourse. Luckily, I have sufficient depth, and the equipment seems to function properly, but I have a problem with hair. What was once outside is now on the inside, and I don't mean to gross you out, but it makes for tangles and the occasional hairball. Is there any way to get rid of this unwanted hair?

Needing Nair

Ten years ago, SRS surgeons were aware of this problem, but didn't take in seriously. At the HBIGDA conference in 1992, one joked from the stage in a plenary session that his patients were so grateful to have vaginas that they didn't mind the hair. Most transsexuals with problems like yours tended to keep it to themselves.

In the mid-1990s, the American Educational Gender Information Service published in their journal a letter from a transsexual woman in their journal, Chrysalis. *She complained about your very problem. A few months later, AEGIS issued a medical advisory bulletin, discussing the problem. Immediately, surgeons in the U.S. began suggesting to their potential patients that they have their penile and scrotal hair removed by electrolysis during the Real Life Experience, so they would be cleared by the surgery date.*

Female electrologists (and most electrologists are female), tend to regularly get calls from kinky men asking for hair removal around their genitals. This is apparently a form of exhibitionism. Most electrologists just say no. (One electrologist told Dr. GenderFixIt that she once told a man to come on in, hooked him up, and zapped him with the largest voltage her machine was capable of producing. He paid her, put on his pants, and left, and his calls stopped. Another fantasy had come face-to-face with reality!)

After the release of the AEGIS advisory, electrologists were aware there was a difference between thrill-seeking men and male-to-female transsexuals, and many began to provide the treatment. Today, it's relatively easy to find an electrologist who is willing to clear you "down under."

It's possible to treat the hair post-operatively, but it will be difficult for the electrologist to get to some of it, and it's likely to be even more painful than usual. I should think that a few sessions should at least help. Good luck, if you try it!

I'm into guys (I'm an FTM), but I'm not having much luck with gay men. I'm suitably beary, and have some luck picking up guys, but despite my pelt, as soon as the pants come off and they see I'm without you-know-what, they tend to remember they are urgently needed elsewhere. What should I do?

Dickless in Seattle

*First, let me say you have one hell of a way of coming out to your f**k buddies! "Here it is! Not quite what you expected, but deal with it!" Dr. GenderFixIt submits that almost any man in that situation would remember he has to do brain surgery across town in fifteen minutes.*

Your partners are taken aback. Even those who might be willing to experiment are going to bug out when they find your genitals aren't what the rest of your body is advertising.

For many gay men, it's all about penises. For this reason, gay FTMs are often dismissed as potential sexual partners—but there are those who like trannies, and those who might not prefer them, but who are willing to experiment or accommodate. I should think you would save yourself time and trouble if you were to make your tricks aware of your situation up front, before you get them home and shock and awe them.

You might be surprised how many guys might say yes if you begin to introduce the topic during your initial negotiations rather than keeping it a secret until the, ahem, ball drops.

Dear Doc:

You're got to help me! It's my voice. It just doesn't work. I've read all the books and watched all the videos, given a fortune to the speech therapist, and practiced,

practiced, practiced, but I'm not at Carnegie Hall—nor does my voice work. It gets me clocked every time I open my mouth. Should I have voice surgery?

Baritonilla

Your good doctor has noticed something curious with regard to MTF voices—often, they don't change at all. Would you be surprised to learn I have a theory about this? No? Somehow I knew you wouldn't. Do you want to hear it? Probably not, but here it is anyway.

I've come to believe many MTFs have a psychological inhibition against speaking in a feminine manner. Paradoxically, something inside them stops them from speaking in the way they so desperately want. They won't and can't allow their voices outside the comfortable box in which they have been speaking since their voice broke when they were like twelve years old.

As unlikely as it may sound, I think they're afraid of producing a voice outside the masculine norm.

Most men carefully monitor their voices and behavior over their entire lives, making sure they don't move or sound in any way that might be interpreted as homosexual. Eventually, they pay little or no conscious attention to their speech, but they are still monitoring themselves, making sure there is no deviation from their manly voices.

When, in their forties or fifties, they change gender roles, they often have difficulty breaking out of their vocal comfort zone. The books and tapes, the voice lessons—none of it works, because they won't let it.

There's a famous—perhaps I should say infamous, as it's notorious for its absolute lack of production values—videotape called "Melanie Speaks." Several speech therapists have told Doc GenderFixIt in confidence they believe some of Melanie's suggested techniques could damage the voice—but the part of her tape I found most interesting and instructive was her suggestion that her students allow themselves to speak in silly cartoonish voices. She illustrates with Mel Blanc voices: Warner Brothers cartoon characters Daffy Duck and Agent K-9 From Outer Space and the like, sounding ridiculous and funny. This is the very thing that so inwardly horrifies many MTF people.

I've tried to get some of these trapped-in-the-voice-box women to venture outside their familiar territory, but with no luck. "I don't want to sound silly," they say. Or gay, I think.

There's more to achieving a feminine voice than merely raising the pitch, of course. Men and women's voices and speech differ in any number of ways: phrasing, level of inflection, choice of words, subject matter, you name it. Most of these characteristics don't depend upon physiology and are entirely amenable to change—but only if one allows oneself out of the box.

But that's just my theory. Perhaps there's another reason why so many MTFs can't achieve a feminine voice. Or, and let's just imagine this, perhaps their basses and baritones and tenors are merely natural MTF voices. Perhaps they just have the voices MTFs naturally have. Perhaps they should be proud of the voices they have and stop trying to achieve voices their inner selves are telling them aren't right for them. Just a thought.

Dr. GenderFixIt believes no one whose inner self prevents them from speaking more femininely should have voice surgery. First, that inner barrier will still be there, stopping you from speaking in a feminine manner, no matter what pitch the otolaryngologist (now there's a word!) leaves you with. Second, voice surgery is problematic. Many surgeries voices are hoarse or weak, and many are practically impossible to listen to. Think Minnie Mouse.

Let yourself out of the "voice box." Find your natural voice, unencumbered by inner constraints. Consider surgery only if that natural voice is not to your liking.

Electrolysis. Gotta love it, gotta hate it.

After two years of twice-weekly sessions, my bank account is more than $10k lighter. Most of the work has been done on my face and neck. I got laid off from my job two months ago (I suspect because the bosses got wind of my impending transition). Now my beard is back, as black and heavy as it ever was. Have I wasted money enough to buy a Harley-Davidson?

Deborah Hairy

I'm afraid you have. Only a Sportster though, not one of the big panheads.

Dr. G. has a theory about electrolysis (didn't you just know I would?) It's this: some electrologists kill hair, some don't. Unfortunately, it's difficult to tell which type is getting your $75 a hour. You'll find out only when you run out of money and stop treatment.

The reason for this: even if the hair root is undamaged after it's treated, the hair is gone and won't grow back for six to eight weeks. If you're having regular ineffective electrolysis, this tweezing will give you a smooth face and you'll think you're being cleared. You'll know the awful truth only when you take a treatment holiday.

The trannie grapevine will usually point you to the effective electrologists. I suggest that for referrals, you look for transwomen with smooth, natural-appearing complexions; most will wear little or no makeup, as they don't need it to achieve a credibly feminine appearance. Ask them for the name of their zapper. I'd be surprised if a pattern doesn't emerge.

You'll almost certainly come across women who will brag about their faces, but you'll see they don't look quite right. Those will be the unfortunates who, like you, think they're being cleared, but aren't. This isn't surprising—they've paid a fortune for electrolysis or laser hair removal and have a vested interest in it working. They can achieve an astounding level of denial.

Women born women don't have hairless faces; their skin is covered with fine, blonde vellus hairs, giving their cheeks a downy appearance. This fine down is a sign of womanhood. Shaving and waxing remove the down; only electrolysis and laser hair removal will leave it. That's why it's important to get rid of dark beard hair only. A face without dark hair and with thin vellus hair makes for a naturally feminine presentation. A face scraped clean with a razor and smothered with Derma-Blend doesn't.

Your good doctor knows many transsexual women who have transitioned without completing (and in some cases without even starting) electrolysis. Many are unfortunates who found their transition schedule wrecked by a year or more of ineffective hair removal. Doctor G. suggests that as distasteful as you might find it, you modify your schedule so you'll transition with a clear face. Why? Well, the point of the transsexual process is (or should be) for

you to have a better life. The trans women I know who have transitioned without being cleared tend to find life difficult.

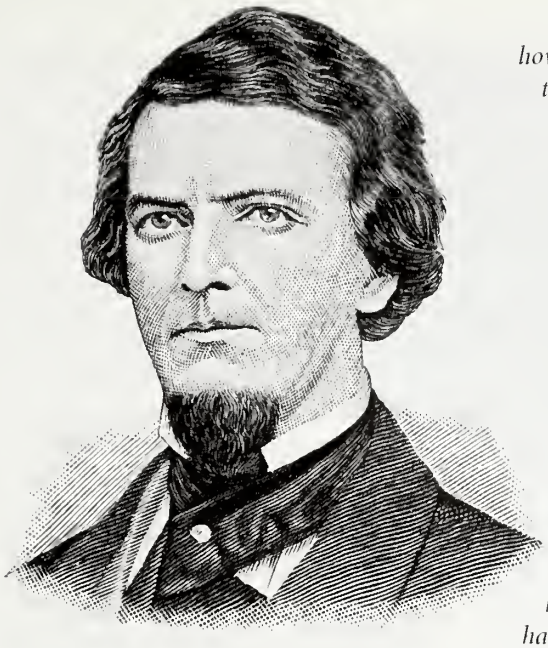
How so? Well, consider. First, they must shave and paint before going out the door for any reason. It's ultimately wearying to have to spend an hour shaving and making up in order to pick up ciggies at the 7-11; this once-pleasant activity can eventually become an ordeal. Second, heavy makeup attracts scrutiny in public and increases the probability of getting read. This translates to increased risk or harassment, anti-trans violence, and difficulty in getting dates and employment.

When one has transitioned with facial hair, it's difficult to continue with electrolysis. First, who can afford it on a woman's salary? Second, when is one to be treated? Electrolysis requires that hair be long enough to grasp with tweezers. This takes a minimum of three days. When will someone living full-time find the time to cloister herself long enough to grow a face full of hair—and how will she get to the electrologist with Don Johnson stubble?

Transition thus becomes a not-so-tender trap, and quality of life can spiral downward, culminating in increased risk of depression, suicide, and the necessity of doing distasteful things in order to keep food on the table—all because of a few (well, a few tens of thousand) hair follicles. I've met many such unfortunate folk. Many become angry, embittered people, the result of bad experiences in their new life. Curiously, the folks I know who have had electrolysis just don't seem to wind up in this predicament! But then again, if they go a couple of days without aggressive grooming, they don't look like Grizzly Adams.

This is a lot of karma to lay on bad electrolysis, but the Doc calls 'em as he sees 'em.

What about laser hair removal, you may ask? I've yet to see someone with a clear face as a result of laser. Perhaps I've just not been in the right place at the right time. Perhaps they're really out there, same as the ET grays. I rather doubt it. It may be possible to get a jump on electrolysis with laser treatment, but laser won't work on everyone, or on all hairs in anyone, and I rather think the light-damaged follicles eventually regenerate anyway, especially if they are under the influence of testosterone.



Doctor G., age 27.

How many hours of electrolysis should it take to get rid of a male beard? Good question; glad you asked. The long answer is that no one really knows. Only one paper to date has been published with date on facial clearing in transsexuals. From those data, it would seem that 50 hours of "flash" electrolysis (thermolysis) should certainly make a huge difference, and 100-200 hours should clear all but the worst-case face. The number of hours will vary, depending on the number and nature of hairs on the face, the speed of the electrolysis, and the kill rate.

Dr. GenderFixIt suggests that those undergoing electrolysis take a treatment holiday every 20-25 hours to asses the effectiveness of their treatment. If there's no significant change, it may be time to find another electrologist.

One more thing—your good genderfixit doctor has noticed that when MTFs are on feminizing dosages of hormones, electrolysis seems more effective. Estrogens will not, of course, get rid of your beard, but you may find it changes in texture and grows more slowly. When follicles are damaged and T is present, it's as if the hormone is urging them to stop being a sissy and get on with making hair. On estrogen, they seem less likely to recover. This is only another one of my theories, but I think it's a good one.

And oh, yes, one more thing yet again. Your doctor believes, based on his extensive observation (you can see from my photo how effective my own electrolysis was) that hair that is treated during the initial stages of growth—it's called anagen—is more likely to be permanently killed than if treated at any other time.

Hair cells have a growth cycle; new hair is produced (anagen), matures (telogen), and eventually falls out and the cycle repeats. When an electrologist jumps around on the face, treating a hair here and a hair there, most of the hairs will be in the telogen phase. When an electrologist concentrates on a discrete portion of the face, however, effectiveness may be higher. On first treatment most of the hair will of course be in the telogen phase, but if she keeps the space clear in subsequent treatments, most of their hair will be in the anagen phase and consequently will have a greater probability of being killed. Each treatment will result in a progressively larger hairless area—which will no longer require shaving! It is in this way the transsexual women I have known have acquired beardless faces.

This leads to an idea. If one had her face cleared by, say, laser treatment, and began electrolysis on the hairs as they began to reemerge, the effectiveness of the electrolysis (and of course the number of dollars required) might be reduced substantially. This would, of course, expedite transition.

Your doctor has visited transsexual women in their hospital rooms following surgery. It's a disquieting sight to see newly-vaginated, bearded ladies in post-op recovery—and most are, in act, bearded. It makes me wonder why so many transsexual women spend so much money for something that will make so little difference in their lives (after all, who will see it?) while avoiding something that can make a huge difference in the way they are perceived in public, and hence a big difference in their quality of life. Are they all victims of bad electrolysis, or is there a more fundamental process at work?

Until next time, my bearded darlings! TT

Becoming a Visible Man

Review by John Mfume

Becoming a Visible Man. Jamison Green. (Vanderbilt University Press: May 2004, pp. 264). ISBN: 082651457X

Leading transsexual activist Jamison Green's new book, *Becoming a Visible Man*, could reasonably be called the most important book about gender identity since Leslie Feinberg's *Stone Butch Blues*. Part autobiography, part informational resource, and part tribute to the gender-variant community, this work is destined to head the required reading lists in gender studies courses for many years to come. Green has verbalized the hopes, realities, and insecurities shared by many transmen and their allies. With gentle, lucid prose, he confronts popular stereotypes and invites readers to participate in a vision of community in which gender identity truly "belongs to the person who lives it."

Green uses his own background to explain the interaction of "sex, gender, sexual orientation, gender identity, gender role, the perceptions of others, the expectations that some project onto others, and self-awareness" and the role of each on identity formation. He shares wisdom gained from experiencing various stages of transition and participating in the transgendered community at all levels. Transmen will identify with many of Green's struggles and find that the author has finally written an accurate description of the most private emotional and social aspects of transition. Of special importance is Green's description of his participation in the culture of men, first as an "acknowledged interloper" and later on "their own terms." Readers are invited to watch as Green weighs possibilities and consequences, advances toward transition and retreats into introspection, and redefines his goals and needs according to the implications of each new discovery or experience.

In a succinct yet superlatively informative chapter entitled "Body of Knowledge," Green outlines the physical transformation options of female to male transsexuals, advantages and disadvantages of corporeal transition, and common reasons for choosing or declining such measures. In addition, he summarizes contemporary arguments about the necessity of physical transition for transmen and identifies the crux of the entire debate: self-acceptance. Green chooses not to separate physical transition from the gestalt that also encompasses emotional and social transition. He stresses that each transman decides what he can or cannot live with as part of himself based on a set of judgments about "the definitions of maleness and femaleness or masculinity and femininity and our relationship to these features" and insists that "self-acceptance and self-esteem are crucial factors" in achieving goals for physical transition.

Green's overall theme of visibility is best illustrated by his journey toward greater responsibility and celebrity within the FTM community. As he relates the events that spurred him to reject the possibility of disappearing into the dominant culture after transition, Green celebrates the diversity of the community he leads while confronting the intolerance, homophobia, and internalized stereotypes that have long been its dirty secret. He describes the different modes of being along the FTM gender spectrum and his perceived place within it by presenting snapshots of many of the individuals he has met through his activism. By elucidating every aspect of the female to male transgendered experience, he brings light to issues affecting not just FTMs, but the wider, gendered world as well.

Moving from the informative to the speculative, this work transcends the typical memoir or "nuts and bolts" primer approach and dares to outline the few, if monumental, challenges to creating a world wherein gender presentation is less important than personal fulfillment. With examples from recent litigation, media coverage, and creative expressions from within, he documents how far transgendered men have come toward making themselves visible to the rest of American culture and how they expect that visibility to affect the future.

FTM readers of this groundbreaking work will no doubt find validation and new ways to communicate aspects of their personal journeys. Their significant others, family members, friends, and allies will benefit from the tender, yet unapologetic description of the key issues faced by FTMs and the humorous and heart-rending vignettes Green employs so masterfully. Scholars of gender variance will appreciate the objective, clear recounting of complex and controversial issues; it must also be noted that Green's bibliography is perhaps the most complete list of literature pertaining to transgender identities ever compiled.

Green has long been a visible man in transgendered circles; with this quality piece of scholarship and soul-searching, he is sure to bring a well-balanced portrayal of that community into visibility within the larger culture.

Toot-Toot-Tootsie, Goodbye

Transamerica is another highpoint for the transgender movement and a thoroughly entertaining, beautifully crafted movie.

Film Review by Miss Veronica Vera

Despite, or perhaps because the movie Transamerica involves a transgender theme, I went with my BS detector tuned to high. How many times has Hollywood sanitized and simplified the complexities of gender variance? Plus, when I mentioned the movie to two transgendered friends who had been involved early on in the project, they expressed ambivalent feelings about seeing it. Perhaps they did not want to be disappointed. But I was intrigued by the unique story line: a transsexual woman one week before genital gender reassignment discovers she fathered a child in her earlier life and must meet him before her therapist will sign the papers for her surgery.

It was a relief not to have to endure yet another man who is forced to wear a

Felicity Huffman as Bree.

dress for some reason beyond his control. Tootsie was and still is a great movie, but we've come a long way, baby. There is life beyond *Tootsie*. I'm happy to say *Transamerica*, though a comedy, has more in common with the realism of *Boys Don't Cry* than with *Tootsie*.

Bree, who lives and works two jobs in Los Angeles, receives a call from Toby, a teenaged runaway who is calling from a New York City jail in hopes that the father he has never met will bail him out. Bree mentions the phone call to her therapist (Elizabeth Pena) and tries to make it sound casual, right after she reports she made her quota at work and an eagerly awaited pink sweater arrived in the mail. The therapist, just seconds from signing the much desired recommendation letter, puts down her pen. "This is a part of who you are ... I just want to be sure you are ready."

Ironically, when Bree goes to the jail, Toby assumes she is a church lady doing charity work; she lets him continue to think so. What follows is essentially a road picture, with Bree and Toby traveling not just cross-country, but across their histories.

Felicity Huffman plays the lead character, Bree. You will be hearing a lot about her amazing performance, so rather than start with heaping well-deserved praise upon her, I want to acknowledge the honest and powerful story created by Duncan Tucker. This is Tucker's first feature film, and it will be a tough act to follow. He does not hit a wrong note.

At a Q&A following the fully-packed screening at the Tribeca Film Festival, where the film had its U.S. premiere, the writer/director said he was inspired with the idea after meeting "a lovely woman who told me, a few months into our friendship, that she was a preop transsexual. For every heart-breaking story she told me, there was an improbably funny one." This was how the idea started.

Besides the stories his friend shared with him, Tucker talked with many other transsexual women. Some of those he talked with, among them Calpernia Addams and Andrea James (www.deep-stealth.com) who also served as advisors, have roles in the movie. Many transgendered persons are thanked in the credits.

I'm not one to give away too much of the plot. There are many funny scenes, particularly when we get to meet Bree's parents and her son gets to meet his grandparents.. There is also violence and it socks the audience in the gut, but the violence is used to move the story along and illuminate the characters.

Duncan Tucker and Producers Linda Moran and Rene Bastian of Belladonna Productions have experience communicating the problems of youth, particularly around issues of sex. Tucker taught a film course to GLBT youth at New York's Harvey Milk Institute. Belladonna produced Michael Cuestis' award-winning

Bree attracts the attention of Calvin (Graham Greene) at a coffee counter.

L.I.E., the story of a pedophile. Their efforts combined with the acting talents of young Kevin Zegers made the role of Toby, the newly-discovered son, equal to that of Bree in intensity. Zegers almost didn't get the part because they thought him too good-looking. But he scruffed himself up and landed the role, in which he clearly proves himself to be not just another pretty face.

For her role as Bree, Felicity Huffman was awarded the Tribeca Film Festival's award for Best Actress. When I went to the screening, I took my friend Patricia, a transsexual woman. Patricia was prepared to hate the movie. She was convinced that in choosing a non-transgendered actress to play Bree, the filmmakers sought to gloss over the ambiguous elements of a transgendered woman. She was even more riled up because she thought the Felicity who had the lead was the star of the TV show *Felicity*, the cute young blonde who made big news when she changed her curly hairdo. Patti was wrong on both counts. Felicity Huffman is one of the stars of the hit series *Desperate Housewives*. She is also a dedi-

Toby (Kevin Zengers) and Bree (Felicity Huffman) at the Indian stand.

cated theater actress who, along with her husband, William Macy, founded the Atlantic Theater Repertory right here in Chelsea, New York. Felicity Huffman accepted the challenges of the role. She lowered her voice and sounded totally believable as someone who had trained her voice to go from male to female. She got so into the character of a person who feels she was born with the wrong body that the first time she tried on the prosthetic penis she wears for the "reveal" scene, Felicity cried.

Patricia gave *Transamerica* an unequivocal thumbs up. Following the screening, I asked Duncan Tucker why a transsexual actress had not been cast in the lead. "I would have loved to have used a transsexual woman in the lead, " he said, "but I don't know of any with the chops to carry the role." The realities of Hollywood being what they are, it took not only a superbly talented actress, but one whose name carried enough clout and cachet to give this movie a chance for wide distribution. (As I write this, the film has still not acquired a North American distributor, though I am sure that will come.) The filmmakers' priority was to tell a good story: their commitment was to a movie, not a movement. In truth, they did honor to both.

Miss Veronica Vero is author and founder of Miss Vera's Finishing School for Boys Who Want to Be Girls, NYC. URL: www.missvero.com. E-mail: missvero@missvero.com.

He's My Daughter

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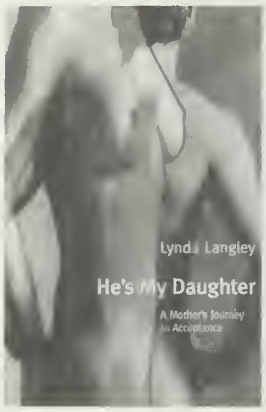

He's My Daughter: A Mother's Journey to Acceptance. Lynda Langley. (Indra Publishing, Victoria, Australia.) ISBN 0-9578735-5-7. (Available from International Specialized Book Services Inc., 920 NE 58th Ave., Portland, Oregon 97213-3786)

When transsexuals enter transition, we effect the lives of those close to us. In far too many cases, those close to us leave our lives altogether. This is especially so for family members. Far from finding the unconditional love parents are assumed to have for children, many transsexuals find parents, siblings, and others abandon them. In fact, it seems parents will stand by a son who becomes a mass murderer or rapist, but abandon totally a transsexual child.

I come from hearty Eastern European stock—the land of extended large families. It has been years since I have talked to my surviving parent, my sister, and all my uncles, aunts, and cousins who formed such a large part of my life during childhood. Since I started transition, there has been no contact at all. None…

He's My Daughter shows that some parents and families do stay together, through all the perils of transition and more. Written by the mother of a transsexual woman in Australia, it poignantly presents a mother's tale of her son's transition.

Things get off to a rocky start. A frantic call from a daughter-in-law tells of self-castration. Tony, the son, is in hospital after removing his own testicles. Mother and Father, frantic with worry and facing another family crisis, fly off to be with him. It is only with this shock that they discover Tony is really Toni and has had a life-long secret.

Mrs. Langley sounds like a matter-of-fact woman, a steady and caring mother. Her love is not conditional, even if she doesn't fully comprehend what has occurred, and what must follow. Indeed, it isn't until much later that she reads Mildred Brown's *True Selves* and learns such basics as the difference between transvestites and transsexuals. But before that—long before—she has an intuitive understanding of her child and the desire to help, which allows her love to wash over issues that would send other parents into shock and ostracism. She is with her son as he leaves his wife and child, with him as he relocates first to a trailer park and then returns to the family home. She is with him as he takes his first tentative steps as Toni. Her husband, a more distant but equally caring man, is there, too, no doubt steadied in his course by her dogged affection for her children, no matter what.

Transition, seen from her eyes, starts with a deep hurt. He son is figuratively dying and that she cannot prevent. Alone in her home, she rails against this cruel fate—but also comes to grips with the arrival of a new daughter. Tony is now Toni and gradually, with trepidation and courage, Lynda faces the new world with her. Shopping trips, new friends—transsexual friends—and so much more are taken in firm stride. Indeed, Toni's two brothers and the rest of the family seem cut from the same cloth. After a time of adjustment, the family continues to enjoy its close bond.

The homespun charm of this book stems from the third party observations of events normally described by us in the first person. Toni learns about the clinics of Australia, experiments with clothing, faces electrolysis, and talks, talks, talks. As his protective screen disappears, it seems Toni can talk of little else but transsexualism. Lynda's grace is that she listens—even when the same story or theme repeats endlessly. Toni goes on dates with men, and Lynda is there with advice and comfort, as a mother should be with a daughter.

With her family in the midst of a terrible year, surrounded by medical and other problems, Lynda's strength allows her to continue and support. Not that she escapes unscathed. She too has to confront issues and deep feelings, but her matter-of-fact manner conquers all.

Joseph Winn MSW, LICSW

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Reading this book, I picture Lynda in my mind—a warm, open woman, with arms big enough to hold the world. I'm certain Toni wished at times that she was not quite as involved in her life, but she's there for her and with her each step of the way—all the way until SRS.

A typical event in the book serves as an example of the humor and love that permeates every page: a shopping trip for Toni, Lynda, Richard (Lynda's husband and Toni's father), and Grams. Toni needs her first bra and her mother is there to assist in the selection. Yes, that's right. Toni, in her thirties, gets her first bra on a shopping trip with her mother, with father and grandmother not far away! They go to the mall closest to home, to get others used to Toni and to get Toni used to being in public near where she lives. Later, they get together in a small restaurant in the mall for a quick bite to eat:

"The guys at Richard's golf club had met Tony a couple of years previously And knew that Richard had three sons. They played a round or two with Tony when he visited Melbourne for Christmas that year. As Richard began to tell his story, we urged him to hurry up. He has a knack of taking a long time to get to the punch line and we thought this was a joke he was telling us.

Transition, seen from her eyes, starts with a deep hurt. He son is figuratively dying and that she cannot prevent.

"'You've got three sons, haven't you, Richard?' his golfing buddy asked.

"'Well, I used to have three sons,' Richard replied. "'Now I've got two sons and a daughter.' His golf partner looked at him as if he'd lost his marbles and simply played his next shot with no further inquiry.

"My coffee was spluttered across the table as I failed to control my mirth. I was so proud of my husband and the story sounded so funny. I wished I could be as blasé as Richard, yet I knew that he was still having an extremely difficult time coping with the changes that Toni was making to her body and her life."

Now, that isn't a terribly funny story, but the picture of Toni, Lynda, Richard, and Grams in a small café will stay with me for a long time as another happy memory of this most delightful book. I try to imagine a similar scene with my parents and grandmother—it simply isn't possible. Indeed, for such to happen seems almost like a fantasy. My parents would never have done so, nor any of my relatives.

Enjoy this book and the family you will find within its pages. It is so wonderful to know that this can indeed happen, like a fairytale, in reality.

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Invisible Monsters

Review by Willow Arune

Invisible Monsters.Chuch Palahnuik. (W.W. Norton & Co., September, 1999, 278 pp.) ISBN: 0393319296

I am old enough to remember the rise of black humor in the 60s—the endless jokes about iron lungs and Volkswagens, hooks that scratched the keys.

It should not be surprising that Chuck Palahniuk, the writer of *Fight Game*, has become a leading light of this century's black humor. His prior books share the themes and humor, the strange worlds of stranger people. To satisfy the growing cult, *Invisible Monsters* is reportedly movie-bound.

The trans world is no stranger to farce. After all, Vidal's *Myra Breckenridge* did for us in the 60s and 70s what Jorgensen had done in the fifties—it brought us into public view. In the passing years, trans people have tended to shy away from humor. Serious clinical works and angst-ridden biographies have been the order of the new age. Palahniuk brings us back to fun. Sort of.

The players: Evie the model; Barbie Shannon, the narrator, a former model left with no jaw as the result of an accident with a 30-30; and, most memorably, Brandy Alexander, a transsexual of distinction and height (especially in heels) who teaches Shannon Life 601 in her spare time. The strange thing is that after the first few pages, they all seem quite normal. Well, sort of…

Take the death of the Shannons' brother from AIDS. Over Thanksgiving dinner, she and her parents discuss the new blue tablecloth, which was to be a quilt for the departed.

"'Your mother didn't want to step on any toes,' Dad says. 'With gay stuff you have to be so careful since everything means something in secret code. I mean, we didn't want to give people the wrong idea.'

So black on blue means leather, pink triangles the Nazi symbol for gay, black triangles for lesbian. A green border is for male prostitutes, red for fisting, brown for rimming, yellow for watersports, light blue for oral, white for anal.

"Finally,' we just gave up,' my mother says, "And I made a nice tablecloth out of the material … Do you know what felching is?'"

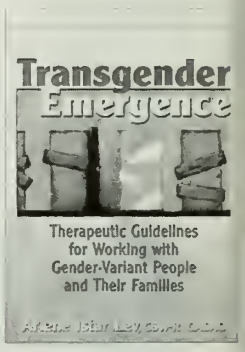
Brandy gets her hormones (and other pills she sells) through realtors—she tours houses as a potential buyer and rifles the medicine chests, secretly feeding any leftover hormones to her companion Seth, who is gradually becoming more emotional and growing breasts. The majority she sells to support her wildly strange life. This is hopefully not all that common.

As one might expect from the writer of *Fight Club*, nothing is what it seems to be. You have to have a good sense of the absurd to enjoy this book—and, if you are transsexual, an appreciation of very black humor. Brandy is not the transsexual you want as a role model, especially with the conclusion full of twists, turns, and transsexualism (to disclose more would definitely spoil a good read). At times, it is hard to follow the changing names and times, for Palahniuk follows anything but a straight line.

Liking this book gains you entry to a cult (http://www.dev.chuckpalahniuk.net/index.html) complete with all sorts of goodies, from T-shirts to DVD documentaries, posters, and more recommended readings and movies. *Kill Bill* One and Two are highly recommended, so you will fit right in if those got your blood flowing. Copeland, LeRoy, and others are recommended fare for the followers.

Transgender Emergence

Review by Virginia Erhardt, Ph.D.



Transgender Emergence: Therapeutic guidelines for working with gender-variant people and their families. Arlene Istar Lev. (Binghamton, NY: The Haworth Press. 2004, 467 pp.) ISBN: 0-7890-2117-X

In taking on the project of writing *Transgender Emergence*, Ari Lev bit off a huge chunk! The question is, was it more than she could chew?

Lev sets out to provide a comprehensive overview of the information helping professionals need to work with transgendered clients in an informed, respectful, compassionate manner. She offers clinicians a model involving facilitation and empowerment of gender-variant individuals' profound and complex inquiry and decision-making processes.

Lev's work is organized in three parts. The first section offers a context within which gender variance can be defined and understood. The author examines many issues, including clinicians' problematic gatekeeping role, and suggests improvements to this system. She presents historical, anthropological, and sociological examples of gender variance, and describes the harm done by heterosexism and the tyranny of our culture's binary imperative.

Part two considers the diagnostic classification systems and etiological theories that professionals currently use to study gender variance and to engage in clinical work with transgendered individuals. In this section, the author suggests that the diagnosis of gender identity disorder as "mental illness" is pathologizing. Lev offers astute suggestions for reform.

In the third section, the author explores compassionate ways of working with, and advocating for, transgendered people. Lev honors gender-variant people's differences and acknowledges the harm they have experienced at the hands of a culture that rejects and marginalizes anyone who colors gender outside accepted boundaries.

In order to thrive, transgendered individuals must come to terms with their own gender issues. Lev outlines a six-stage developmental process for this daunting task, "a normative, albeit often traumatic, trajectory moving from an experience of denial and self-hatred to one of self-respect and gender congruence" (p. xxiii). In this section, she also discusses issues relevant to families of gender-variant people, transgendered children and youth, and intersexed people.

Activist, educator, and clinician, Lev also writes an excellent column for this publication. As a clinical social worker, she grounds her work with clients in a feminist, family systems perspective that considers the individual's mind, body, and environment. She focuses on clients' strengths, rather than their weaknesses or pathology.

I resonated particularly with the author's perspective on two points. First, it is vitally important to avoid pathologizing gender variance. Lev's position is that much of the discomfort gender-variant people experience is due to their awareness of cultural judgments and resulting internalized transphobia rather than the direct result of their gender issues.

Lev doesn't find it constructive to rely upon biological explanations of gender variance to bolster a healthy sense of self. She believes it is healthier for gender-variant individuals to empower their choices of gender expression, rather than excusing them with biological or etiological, (i.e., causal) theories. Furthermore, she states, "The sad truth is that the long history of psychiatric diagnoses, particularly regarding issues of sexuality, has been used for social repression, not empowerment or healing" (p. 147). Lev insists that we must find ways to reform the Gender Identity Disorder diagnosis, and offers a number of constructive suggestions. "Approval for treatment must depend not on being mentally ill but on being mentally sound enough to make empowered, healthy decisions regarding ones body and life" (p. 181).

I also identify with Lev's struggle with the gatekeeping dilemma. "The gatekeeping system reinforces a lack of authenticity for the transgendered client, as well as the development of a false relationship between therapist and client" (p. 49). If our clients believe they must fit into some rigid stereotypical mold, they will make up narratives that fit the mold, rather than benefiting from telling their true stories. They may get the hormone and surgery letters they want, but their deeper interests are not served. Lev goes on to state, "[The Standards of Care] are, however, a useful schema to assess a client's readiness for life-transforming hormonal and surgical care and can be adapted and individualized for each client's needs" (p. 50).

Transgender Emergence is an outstanding resource for helping professionals and for transgendered people themselves. Lev has accomplished her purpose superbly. Her gift for communicating complex material clearly is evident. This book represents a crucial paradigm shift from a pathologizing and paternalistic model of "treatment of gender dysphoric patients" to a respectful model for professionals working in partnership with gender-variant people.

I highly recommend this groundbreaking book to its intended audience. Transgendered lay people are likely to find Lev's book both enlightening and empowering, although some may have difficulty with the formal, academic style. Even the most seasoned gender-specializing therapists will find something in these pages to challenge and inform them.

Did Lev bite off more than she could chew? Not by a long shot!

www.virginiaerhardt.com

Transgender Emergence

Review by Michael Toplack

If you read only one book on the subject of gender-variant people, make it this one. It is an invaluable resource for caring professionals who work with gender-variant clients. As well, it will be of great use to transgendered and transsexual people and their families and friends.

Ms. Lev has written a book that is engaging, current, excellently researched and referenced, and at once passionate and reasoned. She challenges the gender assumptions of the reader, presenting a panorama of infinitely variable gender expressions and outcomes, and outlining the complex issues that face those in the helping professions who chose to work with this population. Her compassion for gender-variant people and their loved ones is palpable throughout.

The sections on the psychotherapeutic issues faced by clients and their families during the different stages of "transgender emergence" will be enlightening and helpful, not just for the psychotherapist, but for all involved in the process. As well, both the section on transgendered children and youth and the section on intersexed individuals are strong and compelling.

I have only minor issues with this book, and let me emphasize that they are minor. I would like to have seen more compassion for the plight of the professionals who take on the challenge of working with this population. Compassion for the clinician is expressed, but it is mixed with a fair degree of criticism. Given the checkered history of psychotherapy and medicine in working with gender-variant people and given their frequent role as gate-keeper, I suppose this criticism is inevitable. God knows, it is all too often warranted. But there are many caring professionals who are trying to approach these issues with care and openness. Thankfully, this book will be of help to them.

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- William A. Henkin, Ph.D., San Francisco (415) 923-1150; oroborous@earthlink.net
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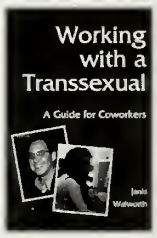

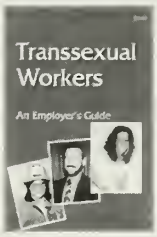

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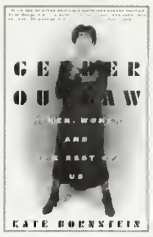

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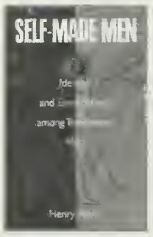

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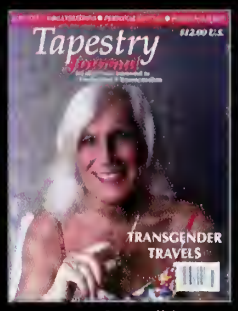

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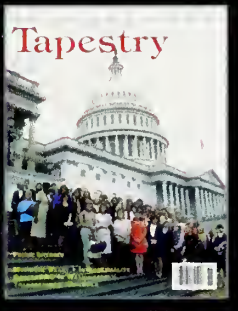

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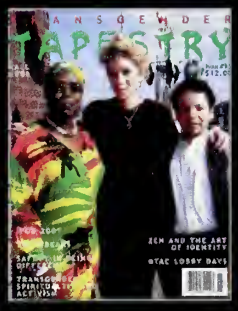

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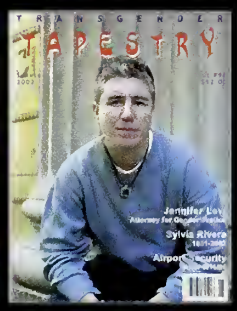

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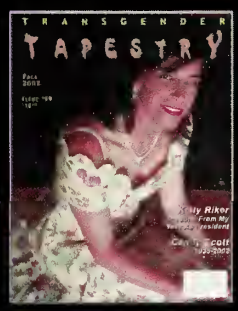

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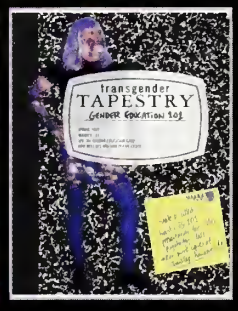

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